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**A RELATIONAL PSYCHOANALYTIC EXPLORATION OF THE INTERGENERATIONAL
TRANSMISSION OF TRAUMA FROM MOTHERS TO THEIR ADULT CHILDREN**



**Thesis Presented for the Degree of
DOCTOR OF PHILOSOPHY
in the Department of PSYCHOLOGY
UNIVERSITY OF CAPE TOWN**

July 2011

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Supervisor: Professor Pumla Gobodo-Madikizela**

DECLARATION

I, the undersigned, hereby declare that the work contained in this dissertation is my own original work and that I have not previously, in its entirety or in part, submitted it to any other university for a degree.

Signed by candidate

Signature:

Date: 31 July 2011

University of Cape Town

ABSTRACT

Candidate: Bruce Christopher Bradfield

Thesis Title: A relational psychoanalytic exploration of the intergenerational transmission of trauma from mothers to their adult children

Historically, psychosocial analyses of trauma have explored experiences of political violence, in which various forms of violation of one person, race, gender, ideology or sect by another have been explored. The implications of such globally exhibited interpersonal trauma on the psychology of the survivor's self have been well documented in literature which debates the impacts of traumatic rupture on self and society. Less thoroughly investigated is the manifestation of the mother's traumatic psychic contents in the attachment relationship between mother and child. This dissertation aims to investigate and describe the intergenerational transmission of trauma from mothers with a history of interpersonal trauma to their adult children, in the context of the relationship between mother and child. Through this the research aims to articulate the conscious and unconscious relational and intrapsychic processes by which trauma is transmitted from mothers to their adult children. Contemporary relational psychoanalytic theories, as developed by Philip Bromberg (1998, 2001, 2003), Donnel Stern (1985, 1997, 2003), and Robert Stolorow (2000, 2002, 2007) are central to the analytic orientation of this work. The contemporary fusion of psychoanalysis with attachment theory (Fonagy, 2001, 2005; Lichtenberg, 2003) has contributed significantly to the analysis, emphasizing the unconscious processes underlying attachment between mother and child.

The aims of this dissertation were met through the application of qualitative methodology, structured as a triangulation of phenomenological hermeneutics, psychoanalytic case study and narrative methodologies. This particular triangulation of methodologies is proposed as enabling subjectively rich descriptions of lived experience, thereby revealing internal and relational dynamics which may be linked with the intergenerational transmission of trauma. The first section of this dissertation offers an account of the aspects of the literature which are most relevant to the study, including firstly theoretic descriptions of trauma, secondly the intergenerational transmission of trauma, and thirdly trauma and dissociation. The tenets of intersubjectivity theory and relational psychoanalysis are given as an overarching theoretic frame for the work. The second section of the dissertation will detail the research

methodology, including ethical issues salient to this research. The third main section of the dissertation, which will be given in two parts, will provide a descriptive analysis of the data gathered.

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“We are the miracles God made to taste the bitter fruits of time. We are precious, and one day our suffering will turn into wonders of the earth. The sky is not our enemy. There are things that burn me now which turn golden when I am happy. Do you not see the mystery of our pain? That we bear poverty, are able to sing and dream sweet things, and that we never curse the air when it is warm, or the fruit when it tastes so good, or the lights that bounce gently on the waters. We bless things even in our pain. We bless them in silence. That is why our music is sweet. It makes the air remember. There are sweet miracles at work my son, that only time will bring forth. I too have heard the dead singing. They tell me that this life is good. They tell me to live it gently, with fire, and always with hope, my son. There is wonder here, and there is surprise in everything that you cannot see. The ocean is full of songs. The sky is not our enemy. Destiny is our friend.”

Ben Okri - The Famished Road

“Such things take place in an instant, in an eyeblink. This can only be because they have been rehearsed by us already, over and over, in silence and darkness; in such silence, such darkness, that we are ignorant of them ourselves. Blind but sure-footed we step forward as if into a remembered dance.”

Margaret Atwood – The Blind Assassin

CHAPTER 1

INTRODUCTION

1.1 Theoretic context for the research

Analyses of the transmission of trauma from survivors to their children have given essential insights since the first psychoanalytic explorations of Holocaust survivors (Barocas & Barocas, 1979; Fresco, 1984; Kestenberg, 1982; 1984; Pines, 1989; Rowland-Klein & Dunlop, 1997; Fonagy, 1999; Weiss & Weiss, 2000; Peskin, 2001; Kellerman, 2001; Oxenberg, 2003; Starman, 2006; Blum, 2007). The problem of the transmission of trauma from mother to child has received such attention due to the range of psychological symptoms presented in clinical settings by both the survivor generation as well as the second generation. It has been seen how the survivor's traumatically-induced psychological disruption manifests in their families, in various forms. The children are situated in the complex position of witnessing (Caruth, 1996), partaking in and attempting to repair their mothers' painful experience as survivors of trauma (Segal, 1988). Through their position as witness to their mothers' suffering, and through being immediately located within the affective context of an attachment to the mother, the children of survivors are uniquely exposed to the emotional vicissitudes of the mothers' posttraumatic existence. This exposure creates various opportunities for the absorption and internalisation of the mother's emotional world.

The intergenerational transmission of trauma has been described in the literature with reference to three key considerations. Firstly, intergenerational transmission is considered in terms of the potential threat which the mother's trauma poses to the parent-child bond. Secondly, trauma transmission is approached with respect to the narrative structure with which the trauma is conveyed in family systems. This approach examines the ways in which the trauma is told by those who lived through it, and attends to the inassimilable and unformulated nature of traumatic experience. The third domain of explorations into intergenerational transmission relates to trauma as kept silently within the family's history. This aspect of the literature explores the silencing of memories, thoughts and affects related to the trauma, such that these internal contents are left unexpressed within families (Cabre, 1998). The debate in the literature concerning the intergenerational transmission of trauma revolves around the observation of the link between

surviving traumatic experience and the systems of psychic defence which enable survival. The silencing and concealment of trauma narratives is central to the debate on the intergenerational transmission of trauma. In relation to this we see the impact of trauma on affective experience, with trauma causing a disruption of the capacity to feel, disruption of interpersonal relatedness, and constellations of incommunicable, traumatically-induced psychic pain.

The insights developed through analyses of the intergenerational transmission of trauma clarify the processes by which memories, affects and representations of traumatic experience may be absorbed by the children of survivors *as if the experience were their own*. Analysis of the intergenerational transmission of trauma aims to elucidate the links between the parent-survivor's experience of trauma, the child's experience of the range of psychological phenomena which their parent presents, and the consequent repetition in the child's life of trauma-related psychological symptoms. Such symptoms include anxiety, depression, dissociative phenomena, unpredictable expressions of rage and disruptions in the survivors' and their children's capacity for relationships. It is in consideration of the emergence of such symptoms in various degrees of intensity in the children of survivors that I emphasise the importance of scholarship in this area. As Barocas and Barocas (1979, p. 331) note: "The children of survivors show symptoms that would be expected if they had actually lived through the Holocaust". Despite this literature, several questions remain unanswered regarding the relational processes by which transmission occurs. The trauma literature, having explored the impacts of traumatic stress on interpersonal relationships in general, has attended to a lesser extent to the consequences of trauma for the relationship between the trauma survivor and their child (Lauterbach, Bak, Reiland, Mason, Lute, & Earls, 2007). Research into this area has seen a movement away from the collective implications of massive psychic trauma towards a more specific focus of these effects on individuals, and has begun to explore the nature of the subjective experiences of children whose parents have survived traumatic experience. This development in the literature aims towards a deepening of psychoanalytic understandings of the subjective and intimately felt consequences of being a child in relation to a traumatised parent. This dissertation is presented as a contribution to the literature which aims to deepen understandings of the intergenerational transmission of trauma within the intimate and private spaces of the mother-child relationship. I view this focus as essential to developments in the literature because of the potential contributions which this could make to clinical and

psychoanalytic practice. The insights developed through this work, and through extensions of such research, could enable psychoanalytic or psychotherapeutic practice by clarifying the kinds of experiential links which may exist intergenerationally, and by emphasising the importance for psychoanalytic practice of identifying reenacted patterns of behaviour which reflect traumatic themes. Further to this, research of this type has potential implications for family psychotherapeutic interventions, considering deleterious patterns of relationship between mother and child which could lead to the intergenerational transmission of trauma (Boszormenyi-Nagi & Spark, 1973; Goldenberg & Goldenberg, 2008).

1.2 Research process

1.2.1 Methodological framework

The methodological approach framing this research is constituted by *phenomenological hermeneutics, narrative studies and psychoanalytically-oriented case study research methods*. I have chosen to use these methodologies in combination because of their potential to enrich investigations into the intergenerational transmission of trauma, as this phenomenon manifests in the lived world of the self.

1.2.2 Aims of the study

The study aims to examine the intergenerational transmission of trauma from mothers who have a history of trauma to their children. I shall be analysing the ways in which mothers' histories of severe trauma influence their parenting and the relationships they have with their children.

The following research questions will be addressed:

- 1) What is the nature of the trauma that the mothers in the study experienced in their childhood?
- 2) How is the trauma reflected in their parenting in the relationship with their children?
- 3) What are the unconscious effects of the trauma on the mothers' relationships with their children?
- 4) What are the observable manifestations and unconscious expressions of trauma in children brought up by mothers who have a history of trauma?

1.3 A descriptive structural outline of the dissertation

This section will provide a descriptive outline of the chapters to follow, giving a structured account of what will be addressed in each chapter.

1.3.1 Framework for a review of the relevant literature

Chapter 2 presents a review the literature relevant to analyses of the intergenerational transmission of trauma, providing a theoretic orientation and context for the research. The chapter is divided into three parts, each addressing a different aspect of the debate surrounding the intergenerational transmission of trauma. In Part 1 I explore classical and contemporary psychoanalytic constructions of trauma, emphasising trauma as a disruption of selfhood. This disruption is described in the trauma literature firstly in terms of the traumatised individual's capacity for attachment and secondly their capacity to feel. The psychic significance of the traumatic experience is explored in this first part of the chapter, addressing the notion of trauma as leaving "indelible traces" (Bernet, 2000) on the traumatised person. In relation to this, the notion of trauma as an event of process that resists symbolisation and narration is explored (Berger, 1997; Caruth, 1995). We see through this description that trauma instantiates in the survivor a disruption of subjective experience and a disruption of personal narrative. In this section we see an account of trauma as affecting a cleavage in the narrative flow, such that certain experiences remain untold. Consideration of trauma as an experience that is incompletely communicable is linked here with the unconscious manifestation of trauma through enacted patterns of behaviour in the survivor's posttraumatic relational world.

Part 2 of the literature review clarifies the history of scholarship relating to the intergenerational transmission of trauma (Barocas & Barocas, 1979; Fresco, 1984; Rowland-Klein & Dunlop, 1997; Peskin, 2001; Kellerman, 2001; Oxenberg, 2003; Fodorova, 2005; Blum, 2007). This section identifies the correlations between the intrapsychic and relational effects of traumatic experience. The focus of Part 2 is on the impact of traumatic experience on survivors and their children. This aspect of the literature review is grounded in the tenets of intersubjectivity theory and relational psychoanalysis (Greenberg & Mitchell, 1983; Mitchell, 1988; Stolorow & Atwood, 1992; Aron, 1996; Orange, Atwood & Stolorow, 1997; Stolorow, 2000, 2002; Orange, 2011). I discuss in Part 2 the history of ideas relating to intersubjectivity theory and relational psychoanalysis, emphasising the shift from a one-person to a two-person psychology (Stolorow, Atwood &

Brandchaft, 1994). Two schools of psychoanalytic thought are considered here; attachment theory and contemporary relational psychoanalysis. The outline of these theories is framed as a statement of the debate on the intergenerational transmission of trauma, as that debate is informed by the contemporary fusion of relational psychoanalytic and attachment theories. I consider here the influence of a mother's traumatic history on her capacity for care-giving. This is considered in relation to the struggle with separation and differentiation in the relationship between women who have survived trauma and their children (Schechter, 1995; Blatt & Levy, 2003).

Part 3 of the literature review explores dissociation as a primary psychic defence against the awareness of pain (Ferenczi, 1932/1985; Van der Kolk, 1989; Stolorow, 1994, 2007; Stern, 1997; Frankel, 2002; Bob, 2003). The key theme being articulated in this section is the notion of dissociation as an intrapsychic defence which manifests in the relationship between mother and child. Central to this exposition is the fusion of theories of the dialogical self with contemporary psychoanalytic constructs of dissociation (Bromberg, 1998, 2003).

1.3.2 Research methodology and ethical considerations for research into the intergenerational transmission of trauma

The account of research methodology given in this chapter offers phenomenological hermeneutics, narrative methodology and psychoanalytic case study methodology as three qualitative endeavours used in triangulation. The case study method is given as one which enables in depth analysis of the case, locates the reader in close relationship with the phenomenon being explored, and provides analytic results which are extendable to other similar cases (Mishler, 1999; Creswell, 2002). The foundational principles of narrative research methodology are presented next, proffering this as a method which emphasises the textual nature of human experience (Polkinghorne, 1988). The exegesis of phenomenological hermeneutics follows, emphasising the role of reflexive embodied empathy (Finlay, 2005) and the importance of the intersubjective space between researcher and participant. This methodology is offered as one which generates a non-reductive representation of experience that is located in the lived world of the individual (Giorgi, 1970, 1975, 1985; Willis, 2004).

The final section of the methodology chapter engages with current debates concerning ethical issues. I explore the implications of using psychoanalytic concepts to structure the research (Long & Eagle, 2009). Secondly, I outline the concerns which emerge in qualitative inquiry into the subjective experiences of the traumatised person. Included here are the tensions surrounding informed consent, disclosure of information pertaining to the participants' unconscious experience, the potential power imbalance between researcher and participant, and securing a support network for participants requiring psychological containment.

1.3.3 Descriptive analysis of data

The presentation of analysis follows a two-stage process (Chapter 4 and 5). In the first phase, participants will be introduced by means of a brief life history, a description of the nature of the traumatic experience, and an account of the psychological symptoms which present currently and historically. This descriptive component of the analysis will be followed by an interpretive analytic section in which core themes drawn from the individual stories of mothers and of their adult children will be presented. This part of the analysis will be presented as an integration of themes derived from the data with the literature. The analytic themes will be examined in terms of the links between these themes and the literature on trauma, intergenerational transmission, intersubjectivity and attachment theories as well as relational psychoanalysis and dissociative theory.

CHAPTER 2

A REVIEW OF THE LITERATURE

PART 1

Everybody knew what she was called, but nobody anywhere knew her name. Disremembered and unaccounted for, she cannot be lost because no one is looking for her, and even if they were, how can they call her if they don't know her name? Although she has claim, she is not claimed. In the place where long grass opens, the girl who waited to be loved and cry shame erupts into her separate parts, to make it easy for the chewing laughter to swallow her all away.

It was not a story to pass on.

- Toni Morrison, *Beloved*

2.1. An orientation to the key concepts

2.1.1 Definition of the intergenerational transmission of trauma

The phenomenon of the intergenerational transmission of trauma was first observed in children of survivors of the Holocaust, whose grief and terror was associated with the unspeakable atrocity through which their parents had lived (Hoffman, 2004). This *second generation* experience follows a process of transmission through two possible routes. The first is *direct* transmission, where a mental representation in the survivor parent leads directly to the same mental representation in the child (Kellerman, 2001). Insights drawn from object relations theory relating to the process of projective identification have clarified the nature of this process. The second route of the intergenerational transmission of trauma is the *indirect* route (Weiss & Weiss, 2000). In this form, a psychological complication linked to the parent's trauma creates a disrupted capacity to care for their child, leading to the child's experience of deprivation and neglect. Among such psychological complications are included depression, aggression, guilt, somatic complaints and anxiety. The notion of the indirect transmission of trauma in second generation Holocaust survivors has been applied in different familial contexts to understand the emergence of specific trauma-related behaviours in survivors' children.

In their work with Holocaust survivors, Roland-Klein and Dunlop (1997) observed generalised anxiety and fear of others in the children of survivors. They described a powerful identification with the parents' traumatic experience. It is generally accepted that trauma is transmitted through non-verbal, unconscious communications between family members (Abrams, 1999). The author describes trauma as transmitted through silence, in which what is known is not spoken, but expressed through unconscious means. Abrams (1999) describes the psychological symptoms connected with depression, anxiety and somatic illness as being the key methods of communicating traumatic experience.

2.1.2 Trauma and the disruption of a capacity to narrate experience

This inside me ... fights my tongue. It is ... unsharable. It destroys ... words.

- Antjie Krog, *Country of my skull*

The narrative psychological literature has articulated trauma as rupturing the survivor's capacity to narrate lived experience. Trauma implies an event the effects of which may be dispersed psychically, held beyond awareness, and manifest in many forms not obviously associated with the event (Berger, 1997). This dispersal occurs across time, such that an event may only be felt when triggered years later. The emphasis here is on the fragmentation of narrative. Trauma theory represents a discourse for the unrepresentable, with trauma posited as an event which destabilises syntax. Within this, the role of silence in narrative, and the embodied communication of the unspeakable, is important.

Caruth (1995), whose work on trauma, narrative and memory holds a central place in this dissertation, spoke of trauma as an unclaimed experience. What makes an event or process traumatic is the notion of its being experienced too unexpectedly to be fully processed internally. It is not available to consciousness until it imposes itself in the form of nightmares, flashbacks and reenactments. Caruth offers her conception of the *temporal paradox* (1995, p. 2) which conveys the disruption in memory often demonstrated in survivors of trauma. The temporal paradox reflects the absence of memory of the trauma, noted in relation to the visceral intrusion of mnemonic fragments in the daily life of the traumatised person. The paradox conveys the sense in

which absence of memory is accompanied by the presence of painful and inexplicable emotion. This is contrasted with the notion that survivors who are able to narrate clear memories of their traumas often do so in a jarringly unemotional manner. The impact of these factors is seen in the ways in which trauma can be narrated. Instead of being formulated explicitly through narrative, the trauma is told implicitly; partly through the lived body, and partly through the ways in which the trauma becomes enacted in relationships. Trauma is not so much told as lived, repeatedly, through patterns of embodied relational enactment.

A substantial portion of the trauma literature is informed by narrative theorists, who explore the ways in which trauma disrupts linguistic expression of experience. I am emphasising the link between trauma as rupturing a person's subjective experience, and trauma as a phenomenon which ruptures personal narrative. Boudreau (1995) explores the concept of trauma as the unmaking of the self in her analysis of the writings of Toni Morrison. She suggests that trauma is incommunicable through language. Language is crucial to a human being's construction of selfhood, and constitutes identity, history, memory and relationship. Trauma, as a breakdown in the capacity to narrate experience, causes what Boudreau (1995) terms the unmaking of the self. Language, memory and representation are disrupted in their encounter with trauma and hence a portion of selfhood is lost. The focus of narrative psychology is on the self as the purveyor of a life history, which is constituted by language and mediated by the interpersonal environment. Trauma is described here as a cleavage in the narrative flow, such that the experience remains as a gap in one's personal narrative (Sewell & Williams, 2002).

Forster (2007) suggests that trauma represents an indigestible experience which is not fully claimed in memory. Accordingly, trauma refers to an event which has no location in lived experience precisely because it is unrepresentable by means of language. Thus, trauma can only be enacted in a posttraumatic relational context. In this sense, traumatic experience is not told within the context of relationships, but relived behaviourally in a presymbolic way, "in an effort to force the mind to digest this previously unclaimed kernel of experience" (Forster, 2007, p 259). The notion of traumatic memory is directly related to contemporary narrative commentaries on trauma and post-modern literature (Haines, 2002). Trauma is described as metonymic of post-modern literature, which is written to elude interpretation, and in order to convey the texture of a psychically jarring

experience. Such a narrative is typically fragmented, temporally incoherent and hidden, and bears witness to a forgotten but unforgettable experience.

The schematic representation of trauma emerging through the authors noted above has dissociative process at its foundation. The unnamable and unknowable traumatic experience is contained in an impenetrable psychic core (Sicher, 2006). The memories and affects held in this contained space represent a dissociated constellation of an experience which has not been articulated through narrative. Dissociation, in relation to this, represents the banishment of an experience from narrative and the subsequent disconnection of that experience from any potential interpersonal space.

A formative construct shaping narrative theorists' analysis of trauma is the notion that trauma is beyond the range of human experience, and thus resists mental assimilation (Abeyasinghe, 1994; Bonomi, 2004). Berger (1997) describes trauma as instantiating the language of the unrepresentable. He suggests that the traumatic experience affects a tearing of the symbolic foundations that underlie language, such that the experience cannot be told, but must instead be witnessed as it plays itself out through the body, and inside relationships. The author connects this with the notion of trauma and dissociative process. He describes the process of psychic dispersal, by which traumatic memories and affects desegregate, and are held in a state of dispersal rather than integration.

The notion of trauma and the mind-body dialectic is an important one, and pervades the trauma literature (Francis, 2002). Bonomi (2004) suggests that trauma ruptures the capacity for symbolic representation. As such, traumatic experience is incompletely communicable through mental formulation, and becomes expressible as an experience housed in the body. I am emphasising here the rupturing of narrative in terms of its impact on the person's location within a web of interpersonal connections. Narratives of personal experience embed the self within its own relational world. The act of narration gives meaning to an event and establishes the interpersonal location of the self (DiMaggio, 2006). Traumatic experience, especially that which occurs in early childhood and in the context of attachment relationships, sets up a mode of self-expression which is primarily dissociative. This feature makes the experience of sharing trauma a complex and

ambiguous process. Larrabee (2003), exploring the work of dialogical theorists Bakhtin (1981) and Holquist (1990), frames language in terms of its sociality, as constructed in the interaction between teller and listener. Through this, we see language as a socially mediated, dialogical occurrence.

Language for the individual consciousness is on the borderline between oneself and the other. The word in language is half someone else's. It exists in other people's mouths. (Bakhtin, 1981, p. 293)

This point echoes the relational psychoanalytic principle of the co-constitution of selfhood through the relationship between one person and another. It is through the relationship between self and other that the traumatic experience can be integrated and known. Dialogue deepens the possibility of knowing an experience. With this in mind, relational psychoanalytically-oriented research is proposed as a means of uplifting hidden narratives into the interpersonal domain, such that they can become meaningful, and such that they can find integration in the self.

2.1.3 Trauma and patterns of attachment between mother and child: Intersubjectivity theory, relational psychoanalysis and the intergenerational transmission of trauma

The intersubjective turn in psychoanalysis reflects a shift in focus towards mutual unconscious communication between analyst and analysand (Gerhardt & Sweetnam, 2001). Relational psychoanalysis attends to the emergent product that comes into being through the intersection of two unconsciously communicating subjectivities. This system encourages a focus on the verbal/explicit, as well as the nonverbal/implicit modes of intersubjective exchange. This dialectic considers what is processed in the individual beyond conscious awareness, and processing which enters the declarative/verbal level (Beebe, 2003). The structure of the analytic process, in which there is an emergent third in the space between one self and another, has been applied analytically to the study of the development of self. The study of the intergenerational transmission of trauma is enabled by this theoretic system, which emphasises the relationship as the primary focus of analysis.

Attachment theory and its links with psychoanalysis constitute the hermeneutic background for this research. Sagi-Schwartz, Koren-Karie and Joels (2003) propose the attachment framework as relevant in terms of analysing trauma transmission. Main and Hesse (1990) describe disorganised

infant attachment behaviour as a second generation effect of unresolved loss or trauma. Unresolved loss or trauma refers to the lack of integration into consciousness of the occurrence and implication of traumatic events. An attachment figure characterised by unresolved loss or trauma responds in a frightened or frightening manner in relation to the infant by demonstrating unpredictable, erratic, unempathic behaviours. This causes the infant to experience dysregulating fear in relation to the care-giver, leading to disorganisation of the infant's attachment strategy (Main & Hesse, 1990). In terms of parent-infant relationships, family conflict, lack of warmth, severe punishment, and parental mental health problems are associated with hostile intrusive behaviour towards the infant. We know from adult attachment research that unresolved loss in parents is associated with disorganised attachment in infants (Lyons-Ruth & Block, 1996). This unresolved loss may not have been recent and dramatic. Instead it appears transiently, as momentary fractures in thinking and speech. Such a subtle process has a potentially dramatic influence on the infant, and is poorly understood by current research. Subtle changes in speech and responses are associated with dramatic changes in behaviour. It has been proposed that this process involves the dissociation of loss-related memory or internal representations (Main & Hesse, 1990; Lyons-Ruth & Block, 1996; Fearon, 2004).

Lieberman (2004) proposes a system for the intersubjective transmission of relational models. The model places the modulation of emotion in the context of a secure and containing attachment, or an insecure and abandoning attachment. Lieberman suggests that researchers still need to attend to the nature of the relationship between mother and child and the connection between this and the child's experience of trauma as mitigated by the relationship. It is in response to such recommendations for further investigation that this dissertation emerges. In terms of trauma research in general and the motivation for this research in particular, it is noted that the literature on the intergenerational transmission of trauma has been primarily political in its origins (Hermans, 1992). Instances of political violence, racially motivated violation, and the aftermath of war, have dominated the exploratory agendas of this literature. This dissertation aims to move analysis of the intergenerational transmission of trauma to the more intimate spaces; to the traumas which grew out of ruptures in attachment, abandonments which occur daily and cause silent agony. It is this focus, on the more intimate relational traumas, which qualifies this research as a development in the literature.

2.1.4 Trauma as a disruption of selfhood: Insights from classical and contemporary psychoanalysis

History is replete with periods of terror and atrocity left unspoken and unwritten. Herman (1992) connects this with the human response to traumatic experience, which is to dissociate from conscious awareness of the experience. It is the unspeakability of traumatic experience that renders it extremely complex in terms of representation and analysis. The denial, repression or dissociation of traumatic experience, which takes place on an individual level, occurs less apparently at the level of relationship. It follows that an experience which resists both linguistic representation and social discourse is unlikely to receive sufficient attention in social scientific documentation of that experience. Acknowledging this, it is prudent to note that the will to deny or disavow painful traumatic experiences is matched by a will to speak them out. The desire to speak the unspeakable, suggests Herman (1992) is the conflict, or dialectic, at the centre of trauma literature.

The work of Cathy Caruth emerges at the hermeneutic forefront of my approach to the literature on traumatic experience. Caruth (1995, 1996) engages with two metaphors which clarify her conception of trauma. Firstly, Caruth speaks of the *nightmare*. In the nightmare, the self is both unconscious and detached from the other. The self is horrified but cannot gain full access to that horror because of the helpless oblivion of sleep (Caruth, 2001). This metaphor reflects the notion of the self's lack of preparedness for the trauma. In this sense, the moment of trauma is not fully experienced and cannot be fully claimed and known. Knowing comes too late, and what has preceded knowing is a breakage or rupture of the self. The self wakes after an absence, to find itself wounded in a deep and frightening way.

The second of Caruth's central metaphors is the *wound and voice* (Sicher, 2006). The word *trauma* implies the breakdown of an organised tissue. One violent body penetrates the boundaries of another, creating a situation of the self being invaded by foreignness. Caruth notes that in Freud's terms trauma reflects a wound inflicted not on the body but on the mind. The wound inflicted on the mind is inflicted too soon and too unexpectedly to be fully processed. It is therefore not available to consciousness until it imposes itself again in the form of nightmares and reenactments (Caruth, 1996). Caruth represents the reenactment of traumatic experience after its

occurrence as a wound that cries out, addressing us in its attempts to be known, and to know itself. The self's own telling of its traumatic experience, suggests Caruth, occurs through relational and embodied reenactment of that experience, rather than through narrative. Furthermore, the voice manifests not as a symbolic representation of the experience but as an enactment in itself. Through this imagery, Caruth captures the quality of trauma as unrepresentable, unspeakable, and communicable only through reenactment.

In this dissertation, traumatic experience is framed in terms of the impact on internal and intersubjective experience. Levy & Lemma (In Fonagy & Target, 2004) describe the impact of trauma in terms of four categories of experience; trauma as a disruption of attachment, a breakdown in the capacity to mourn, a rupturing of self/other representations, and a breakdown of the symbolic function. The conception of *trauma as a disruption of attachment* is seen in the impairments in the self's capacity to integrate and narrate experience. This impairment extends itself from the internal to the relational in that the self, through being unable to narrate the trauma, is unable to convey the meaning of that experience internally and relationally. The traumatic experience is therefore unable to find a *relational home*, and represents a point of disconnection between self and other (Stolorow, 2007).

Considered as a *breakdown in the capacity to mourn*, the potentially irreparable loss which the trauma represents is attached to feelings of guilt, shame, fear and rage. Such feelings may complicate the mourning process, disrupting the traumatised person's capacity to mourn the loss of their pre-trauma existence (Levy & Lemma, 2004). The conception of trauma as representing a breakdown in the capacity to mourn (Garland, 2002) defines trauma as disrupting the capacity to reflect on lived experience and to represent that experience through symbol and metaphor. Symbolic representation of experience enables abstract reflection, giving personal and interpersonally communicable meaning to that experience. A disruption of this process is seen as a breakdown in internal and interpersonal dialogue, reflecting a rupture in internal and intersubjective relationship.

When it is conceived of as a *disruption of identification*, trauma represents an experience in which internal representations of self become distorted. The traumatised person may develop inflexible

representations of self in which self-organisation is shaped by the internalisation of the perpetrator's representations. Trauma is an experience which concerns the subject at the level of its most intimate identity. Trauma is said to leave "indelible traces" (Bernet, 2000, p. 162) on the self, and is described paradoxically as an unclaimable experience which leaves deep scarring. Central to classical and contemporary relational psychoanalytic conceptions of trauma is the notion that the traumatic experience resists signification and symbolisation (Bonomi, 2003). Trauma is inaccessible to conscious representation. This connects with early Freudian definitions of the quality of traumatic experience as fundamentally dissociated, incompletely known, and therefore inarticulable (Furst, 1967). Harjula (2002) reflects on this notion in terms of the impact of trauma on our ability to speak of our experience. She contends that "the rhythm of speech breaks, words disappear; a hole is torn in speech" (p. 198). The author speaks of traumatic experience in terms of the embodied and the symbolic, and identifies trauma as fundamentally asymbolic. Kaplow, Saxe, Putnam, Pynoos & Lieberman (2006) articulate this differently:

Traumatic grief often robs its victims of the capacity to speak about the experience and to listen to what other victims went through, creating a taboo against letting oneself and others integrate the trauma into conscious knowledge. (Kaplow et al. 2006, p. 371)

CHAPTER 2

PART 2

2.2 The intergenerational transmission of trauma: A critical survey of the literature

Traumatic experience is conceptualised in classical psychoanalytic terms primarily as an experience which exposes the individual self to unendurable subjective distress. Such distress has a disintegrating influence on the nuclear self (Kohut, 1971, 1977), introducing into the individual's lived experience the unspeakable anxiety and dread of the disruption or dissolution of self-cohesion (Kalsched, 1996). In order to survive the experience the self must respond by disconnecting from itself and from the experience. This process of disconnection implies that the trauma is not fully experienced by the self, and remains unknown and inassimilable. The unknowability of trauma is central to the process by which trauma is transmitted intergenerationally. Insofar as the trauma is not known, it cannot be spoken, formulated, and processed. The result of this is that the traumatic affects and memories are held in a dissociated psychological space situated somewhat beyond consciousness. What is important here is the notion that emotions relating to the dissociated traumatic experience, what Blum (2007, p. 71) calls "strangled affect", are expressed through the person's relationship with others instead of being spoken through their verbal narrative. It is through observing the manifold ways in which these strangled affects become ingrained in the conscious and unconscious communication between survivors and their children that we see the intergenerational transmission of trauma.

Kellerman (2001) identifies the following categories associated with transmission phenomena: Firstly, children of survivors present with difficulties in self-definition, connected with either an over-identification with the parent as survivor/victim, or a representation of the self as a replacement for their parents' lost objects. Secondly, the children of survivors manifest a cognitive style shaped by preoccupations with feared or threatening events, or feared repetitions of their parents' painful histories. The general mood state of the children of survivors is shaped by fears of annihilation, persecution or abandonment, coupled with an unresolved sense of loss, feelings of guilt, anger or shame (Kellerman, 2001). The third experience in which the process of transmission becomes manifest relates to the survivors' and their children's intersubjective experience. Within the families of survivors of trauma, difficulties relating to an exaggerated

dependence, reduced tolerance of privacy and separateness, and difficulties with entering relationships external to the family unit, are commonly observed.

2.2.1 The vicissitudes of intergenerational transmission: A description of process

In delineating the history of theories on trauma transmission, we must initially refer to Freud (1913/1950, 1939). Having identified what he termed a “psychical continuity” emerging between generations, Freud asked how we can come to understand the process by which one generation imbeds its own mental states in the next generation. In *Totem and Taboo* (1913/1950) Freud claimed:

No generation is able to conceal any of its more important mental processes from its successor. An unconscious understanding ... left behind by the original relation to the father may have made it possible for later generations to take over their heritage of emotion.
(1913/1950, p. 159)

It is important to note in this quotation Freud’s formative insight into the primarily relational quality of the process by which inheritance of psychic contents takes place. Freud details the consequences of traumatic rupture for social relationship, and suggests that trauma effects a “deformation” in character, which becomes a vehicle through which traumatic experiences establish themselves repeatedly in ongoing history. Terr (1991) also describes this process, adding that traumatic reenactments become distilled into distinctive ‘personality traits’ which characterise the quality of the survivor’s interactions. For Freud, trauma becomes internalised as part of the individual’s ego structure and is enacted in that individual’s relationship with their world. In this process the traumatic history becomes a traumatic present; “the present is lived as if it were the past” (Freud, 1939, p 176). In this process the trauma is seen to continuously construct a reality that is lived by the survivor of the trauma and their children, through becoming ingrained as a feature of the survivor’s character, and enacted in their relationships with others.

With a view to clarifying the process of the intergenerational transmission of trauma, I shall proceed with a description of the influences which trauma is said to have on survivors, attending specifically to these influences as they manifest intersubjectively. I shall present observations

from the literature regarding the ways in which traumatic rupture shapes the survivor's way of being, and how this may contribute to the weaving of a traumatic history through generations.

2.2.2 Trauma and its impact on the survivor: Insights on intergenerational transmission from relational psychoanalysis and narrative theory

The descriptions of the process of the intergenerational transmission of trauma offered in this section are framed by the insights of relational psychoanalysis and intersubjectivity theory. Mazor and Tal (1996) have defined intergenerational transmission as a process by which one generation influences the parenting attitudes and behaviour of the next. This definition highlights the centrality of parenting to understandings of what is being transmitted, and how. The essential question posed by this is: How does traumatic rupture manifest in the survivor's relationships with their children and broader family relationships?

The literature documenting the influence of trauma on the survivor generation's relational experience spans from initial research into the experience of survivors of the Holocaust to current relational psychoanalytic and attachment theory research (Barocas & Barocas, 1979; Fresco, 1984; Rowland-Klein & Dunlop, 1997; Peskin, 2001; Kellerman, 2001; Oxenberg, 2003; Fodorova, 2005; Blum, 2007). In his writing on trauma and the process of mourning, Fodorova (2005) described the experience of the survivor generation as defined by a disrupted capacity to mourn the loss implied by the trauma. For Fodorova, trauma represents an experience of unspeakable horror which must be kept silently, beyond the family's collective narrative. Survivors of the Holocaust were observed to lock away their fear, rage and sense of loss. Expression of these feelings was prohibited and held in secret. Peskin (2001) describes this experience of silencing as a mechanism for survival; a fragile boundary which serves to protect the survivor and their family from the painful acknowledgement of "unknowable" suffering. Abrams identifies silence as the central feature of survivors and their families (Abrams, 1999). Danieli (1985, 1998) describes this *conspiracy of silence* as a subliminal, mediating process by which the trauma, instead of being conveyed directly through language, is expressed as a vague, indeterminable fear and sadness colouring the survivor's continuous experience, and pervading their child's consciousness.

The silencing of traumatic experience is central to understandings of survivors and their families. Danieli (1985, 1998) observes the quality of conspiracy, in which the family unit “cooperates” within itself to create and sustain secrecy. There is within the family an internally conscious but relationally unacknowledged agreement that certain stories must be left unspoken. Herman (1996) responds to this notion of hiddenness, commenting on the futility of the survivor’s attempt to obliterate the traumatic experience in memory. This observation speaks to psychoanalytic formulations regarding the lived experience of traumatic histories in the present. That trauma is kept silently, and that it is communicated within families in a way which keeps it unknown and secret, reflects the powerful relationship between traumatic experience and the unconscious (Gardner, 1999). Histories of trauma become a part of the survivor’s unconscious psychic content and the intergenerational transmission of these histories takes place through mechanisms of unconscious communication between the survivor and their child. In terms of more strictly classical psychoanalytic interpretations of this process, we see various reflections in the literature. Lifton (1979) spoke of a psychic closing off, in which emotional and physical strength had been eroded through atrocity, and there was a consequent turning away from awareness of pain. Krystal (1968) described this as a constriction and freezing of mental functions. Grand (2000) spoke of the vicissitudes of knowing and not-knowing in the minds of perpetrator, bystander and victim. Trauma is unknown within a family’s historical narrative, and can become known not directly, through language, but indirectly, through complicated processes of bodily enactment, in which “deep memory”¹ enters lived experience in a manner that is difficult for the survivor and those around them to understand and make sense of. These enactments take place inside the relationship between the survivor and the other, and they convey the despair of the traumatic experience asymbolically and prelinguistically. We see here the theme of a segregation of traumatic memory from traumatic affect, defensive containment of painful affect in an unconscious space, and the later reemergence of the experience intersubjectively through the enactment.

Traumatic experience permeates the present and future of the survivor by being held rigidly within the confines of concealment and non-disclosure. The experience is never fully known by the individual. Instead, it is experienced vaguely as unconscious contents seeking expression. In

¹ From Langer (1991), p. 8 – in which he describes the limited capacity for language to articulate the despair “haunting the caverns of deep memory.”

addition to this, Caruth (1996) speaks of trauma as ‘unclaimed experience’. For Caruth, trauma is constituted primarily as an event which is experienced too soon, too unexpectedly, to be fully known. The very fact that trauma cannot be fully known necessitates its repetition and reenactment in the survivor’s present and future. An important consideration which Caruth (1996) raises, and one which is central to explorations into the intergenerational transmission of trauma, is that of trauma as effecting a disruption in the survivor’s personal historical narrative. The narration of trauma through creative writing, and the literary theories surrounding these works, has contributed significantly to psychoanalytic interpretations of intergenerational transmission (Boudreau, 1995; Armstrong, 2000; Toremans, 2003; Smith, 2004; Sicher, 2006; Van Alphen, 2006; Forter, 2007). These writings have sought to analyse the relationship between the survivor and their personal narrative. Psychoanalytic explorations of intergenerational transmission have further sought to describe the impact which the trauma survivor’s mode of story-telling has on his or her child, in terms of the child’s own experience. The structure of the survivor’s narrative, the shape of language and speech, has been described by theorists as fragmented, shattered and disorganised. Hoffman (2004) theorises that the process of language being disrupted is a consequence of a painful traumatic history. In terms of analyses of the intergenerational transmission of trauma, the destructive imprint of traumatic experience on language is significant. This imprint is seen in the breakdown of the symbolic function of linguistic expression because the structure of traumatic experience lacks the quality of metaphor and symbolism. Given that language conveys meaning through reference and symbolism, description of a thing clarifies the meaning of that thing with reference to what it is like, or unlike. In the case of trauma, there is no likeness. It therefore follows that in our efforts to know the traumatic experience we are unable to represent it cognitively and linguistically as something known or knowable (Sicher, 2006; Bonomi, 2004). This influences the way we come to narrate the trauma and the way we represent it in our relationships with others.

2.2.3 The impacts of traumatic experience on survivors and their children: Laying the groundwork for a relational psychoanalytic exploration of the intergenerational transmission of trauma

The relational psychoanalysis of the intergenerational transmission of trauma is constituted by three theoretic discourses which emphasise the primacy of relationship to the constitution of self.

These discourses are intersubjectivity theory, contemporary object relations theories, and attachment-oriented relational psychoanalysis. Relational psychoanalytic theory articulates the premise of self as relationally structured, both in terms of the self's representations of itself to the other and in the internalisation of object relationships (Howell, 2005). At the core of relational psychoanalysis is the notion that the self's relationship with itself, at the level of internal dialogue, is influenced by and influences intersubjective, or relational, experience (Stern, 2002).

The writings of Buber (1970, 1992) are at the ideological foundation of intersubjectivity theory. Buber emphasised the ontological primacy of relationship, articulating dialogue between and within selves as constitutional of being (Friedman, 1999; Goldberg, 2000). He conceived of relationship as that which is mutual and reciprocal, and therefore, central to the emergence of the self into being. Sullivan emphasised the communal nature of being (Sullivan, 1938, in Stern, 1995), and developed a relational theory which envisaged mental health as the byproduct of a healthy mutuality and reciprocity in human relationships. His writings constructed pathology as a breakdown in relationship, in which the individual finds himself locked away in a state of incommunicability and inaccessibility. The emphasis here is on the primacy of dialogue and relationship, and this emphasis found an exploratory home in the ascendancy of the relational psychoanalytic movement (Greenberg & Mitchell, 1983; Mitchell, 1988; Stolorow & Atwood, 1992; Aron, 1996; Orange, Atwood & Stolorow, 1997; Stolorow, 2000, 2002).

Intersubjectivity theory was influenced by the continental philosophies of Binswanger, Lacan and Wittgenstein (Frie, 2000), and, as I have stated, by the sociology of Buber (1970, 1992). Binswanger argued that communication through language is possible only in the context of a shared intersubjective world; thus, being human consists in being-with-others in a mutually articulated world (Frie, 2000). Wittgenstein identifies a similar ontological link between language and being. He proposes that language and agency are interwoven, and cannot be thought of separately (Medina, 2004). Wittgenstein approached *the word* as a situated gesture, taking place in a relational context, functioning as an active, performative, dialogical gesture of the self (Moyal-Sharrock, 2000; Scalzo, 2005). Thus, language, for Wittgenstein, is shaped as a medium, an instrument, and a form of life (Ribes-Iñesta, 2006).

Moyal-Sharrock (2000) argues for an equivalence between words and deeds, on the one hand, and mind and body on the other. This equivalence identifies an adualistic representation of self, in which word and deed, mind and body, self and other, are co-constituted within an intersubjective surround. Intersubjectivity theory proposes that it is through the inter-related web of meaning, symbolism and beliefs contained within language, that the self comes into being. The self, as a subjectivity located within an intersubjective surround, is constituted by its own linguistics. In relation to this conception of subjectivity, Lacan (cited in Frie, 2000) proposes a theory of psychological rupture which is defined by a break in language. For Lacan, the subject is destabilised when it finds itself unable to articulate its own desires and intentions through an inherited language, which can be interpreted within the context of relationship (Frie, 2000). Lacan's argument that the state of incommunicability is experientially equivalent to psychic rupture forms the theoretical foundations of the current psychoanalytic framing of what it means to be traumatized.

The emergence of intersubjectivity theory represented an ontological shift away from conceptualisations of self as an autonomous ego and towards acknowledgement of the self as primarily relational and dialogical. This theory of subjectivity emerged as a discourse on the intersection between the psychological lives of selves. To this end, intersubjectivity theory explores the space between self and other, the mutual influence of selves in relation, and the ways in which that influence registers at the level of conscious and unconscious experience (Friedman, 1988). This has been described as a shift from a one-person to a two-person psychology (Rasmussen, 2005). As a movement towards a two-person psychology, intersubjectivity theory rejects the notion of "the isolated mind" (Stolorow & Atwood, 1992), and emphasises the contextually embedded nature of experience. In relation to this, intersubjectivity theory designates qualitative research as an exploration of the phenomenological contextuality of being (Stolorow, 2002).

A central aspect of this history of ideas is related to the notion that the origin of psychic life is a transindividual field represented by the intersubjective space between mother and infant (Balint, 1968; Stolorow, in Stolorow, Atwood & Brandchaft, 1994). At the core of this is the contemporary intersection between relational psychoanalysis and attachment theory, which

represents a trend in psychoanalysis towards a relational framework (Bowlby, 1969, 1973, 1980; Stern, 1985; Lichtenberg, 2003). Blatt and Levy (2003) suggest that attachment theory and relational psychoanalysis have developed through a perspective which emphasises the development of the self within an interpersonal matrix. The inner world of the self is representational of the relational world, with constructs, symbolic representations, and behavioural enactments derived from the intersubjective field forming part of the developing self (Blatt & Levy, 2003).

Insights drawn from attachment theory have contributed theoretical and empirical evidence of concepts developed in the history of psychoanalysis relating to the connection between mother and infant. Bowlby's (1969, 1973, 1980) writings demonstrated the impact of early infant-object relational experiences on the individual's capacity for relationship in adulthood, drawing links between the primary relational environment and the development of a specific intrapsychic and relational subjective world. The identification of links between early attachment relationships and the individual's consequent intrapsychic and interpersonal world highlights the importance of having a secure interpersonal base in infancy. Of particular importance here is the notion of emotional regulation, and the idea that attachment influences our capacity to regulate powerful emotions. The provision of a secure attachment for the growing child enables the development of a capacity to integrate painful affective states (Cortina, 2004). In relation to this, the threat of a loss of attachment, and the traumatic grief and pain following the experience of loss, is potentially disruptive of the child's development. The mother's presence enables the child to develop a capacity to integrate powerful emotional experiences. This comes about through the introjection of a soothing other, their consequent functioning as a container of one's projections of pain and anxiety, and the development of a self-sustaining ego (Eagle, 2003). Through this we see the framing of an interpersonal foundation for psychological and personality pathology. Wellness is therefore framed as the capacity to regulate one's emotions by managing the intensity of the emotion whilst maintaining a sense of internal integration and intersubjective consistency. The notion of maintaining internal integration is grasped within relational theories as the capacity to hold on to the core self whilst experiencing potentially fragmenting emotional states (Bromberg, 1998). I emphasise the quality of self-containment, and note it in contrast to the dissociative defence. The healthy self is able to hold on to his or her own continuous selfhood, as that selfhood

becomes threatened by grief, fear, anxiety, catastrophic aloneness and other intense affects. The healthy self is able to endure painful states and maintain wholeness, integrity and cohesion through such states. This represents a capacity that is developed through the provision of containment, holding and thoughtful mutual reflection on the part of the m/other, in the context of formative relationships.

The idea being explored here can be stated as follows: Having survived a trauma of her own, the mother experiences great difficulty in providing a containing environment for her child. She, in her constant struggle with moderating her own overwhelming emotion, finds that she cannot be all things for her needful child. She struggles to endure, contain and hold the small traumas through which her child lives. In such moments, the potential passing forward of her own traumatic experience, such that it becomes the possession of her child, becomes possible.

2.2.4 Relational psychoanalytic perspectives on intergenerational transmission, with some help from attachment theory

This analysis of the intergenerational transmission of trauma is grounded in literature which emphasises a dialogue between attachment theory and psychoanalysis (Steele & Steele, 1998; Sterlin, 2006). In my analysis of the transmission of traumatic experience, I am emphasising the inseparability of emotion from the interpersonal. Emotional experience is constituted within an interpersonal context (Wiseman, Metzl & Barber, 2006). The impact of trauma on families can be seen most concretely in terms of disrupted care-giving, and the ways in which such disruption influences the child's development (Main & Hesse, 1990; Lyons-Ruth, Yellin, Melnick & Atwood, 2003). These authors have observed the link between parental sensitivity and infant attachment security. Green (1983) speaks of the "dead mother", describing the traumatised mother as unreachable, secluded, and silently bearing the agonies of an unnamed trauma. Fraiberg, Adelson and Shapiro (1975, p. 491) articulate a similar notion in their clinical observations: "The mother herself seemed locked in some private terror, remote, removed, yet giving us rare glimpses of a capacity for caring". Green describes two processes which shape the relationship between the traumatised mother and her child. Firstly, Green comments on the mother's relational patterns, observing her disconnection and unavailability, as she wrestles with the fears and agonies of her trauma, and finds herself unable to meet her child's ongoing emotional needs. Also noted in the

relational patterns of survivors is the intermittent, unpredictable and confusing expression of dissociated rage, fear and mourning. Green describes this as the “occasional spillage of denied rage.” (1983, p. 304). In terms of the traumatised mother’s emotional withdrawal from her child and her unpredictable outpourings of rage (Lyons-Ruth & Block, 1996), the literature describes the painful interpersonal and affective consequences for the child, including a sense of abandonment, annihilation of attachment, extreme anxiety and aloneness and anaclitic grief (Pines, 1989).

Green’s (1983) second observation concerns the process of witnessing, in which the child becomes aware of the mother’s disavowed and unarticulated suffering. The way in which the child processes the parent’s traumatic experience is central to current understandings of the intergenerational transmission of trauma. The literature articulates the vicissitudes of knowing and not-knowing. Traumatic histories are held by both the survivor and their children in an unformulated and mysterious space. Fresco (1984) described the survivor’s traumatic history as a “gaping, vertiginous black hole” (p. 418); a thing profoundly inaccessible to communication, and therefore inaccessible to knowing. Images of blackness and blindness pervade Fresco’s account of the ways in which the child comes to know of their parent’s traumatic past. These images convey the complex and diffuse boundary between testimony and concealment as it was seen to play out in survivor-parents’ narratives. The images of blackness and blindness are used to express the fact that children were disallowed from seeing and knowing their parents’ histories, but at the same time were painfully over-included in their parents’ pain and suffering (Peskin, 2001). Fresco’s imagery has its roots in Freudian thinking, in which he spoke of the “blindness of the seeing eye, in which one knows and does not know a thing at the same time.” Again, we see a description of the experience in which the parent’s traumatic history is simultaneously known and not known; the child is aware of the pain and agony of their parent’s experience, but has no understanding of it (Fodorova, 2005).

Relational psychoanalytic theorists have observed to an extent the processes of the child’s absorption of the parent’s traumatic history. Simply stated, children internalise and identify with their parents’ suffering. Through this we see a blurring of the boundary between the parent’s experience and the child’s. The literature speaks of a process of absorption, by which the child

takes in the parent's experience through means separate from communication and language. Such absorption was described by Eickhoff (2004) in his use of the image of the *emotional placenta* linking the emotional worlds of parent and child. In this image we see the fusion between parent and child, and the phenomenon of a channeling of the parent's emotional state into the child, so that the child comes to embody that state.

Clarification of the fusion between the experiential horizons of the child and the parent is important here, as it enables us to conceptualise the primarily relational processes by which intergenerational transmission occurs within families. Various psychoanalytically-oriented theorists have described the establishment of a boundary between self and other as enabling the development of self. What Ogden (1986) described as ego-object differentiation, and Anzieu (1987) described as the formation of bodily boundaries and the notion of skin-ego, is understood as a process by which the self establishes itself through differentiating from an initial state of fusion with the primary object. This differentiation of the self occurs within the mediating context of a relationship to an attuned attachment figure. Stern (1985) outlines the primary role of the mother as being to attune herself to the affective states of the infant; to know what the child's emotional experiences are, and to feel these experiences as her child feels them. The role of the mother is primarily to contain her infant's emotional states; to hold them in her mind empathically and mirror them back to the infant. Such containment allows the infant to see that his or her anxiety and distress can be tolerated and survived. The mother then returns these states, through compassionate verbal and non-verbal communications, to the infant. The infant re-receives these affective states in a palatable form, and comes to know that she can endure them. Research into the intergenerational transmission of trauma has suggested that mothers who have endured trauma are unable to contain and process their infant's states of terror, despair and anxiety (Mazor & Tal, 1996). Instead, the reverse is seen, and has been reflected widely in family systems literature. The children of survivors are often described as having to take care of their parents' emotional needs, functioning as a psychic container for the parents' distress and their secrets. This role reversal has been conceptualised variously as defensive care-taking (Metzger-Brown, 1998), narcissistic parents (Rosenberger, 1973), enmeshment (Seifter-Abrams, 1999) & parent-child role diffusion (Zilberfein, 1996)². Peskin (2001) described the process of children becoming empathic rescuers

² Cited in Kellerman (2001)

for their parents. The intrapsychic and relational consequence of this for the child is one of being isolated and abandoned in his or her own distress, anxiety and unknowable terror.

The children of survivors, through their 'invisible loyalties' (Boszormenyi-Nagi & Spark, 1973) to their parents, dislocate from their own needs in favour of securing the needs of their parents, and find their dependency needs unfulfilled (Kellerman, 2001). This relational environment is shaped by such experiences as guilt, exaggerated responsibility and a sense of being enmeshed with the parent. A central issue which this raises for analyses of intergenerational transmission is that of the separation-individuation dialectic as it plays out in lives of survivors and their families. Schechter (1995) described the process of growing up as *disidentification* and mourning of the gradual loss of identifications with parents. Such disidentification, Schechter suggested, can evoke shame in the child. We see in this description the influence of trauma on the second generation's process of development from the initial mother-infant fusion. Blatt and Levy (2003) have described the range of responses surrounding the struggles to negotiate the dynamic of separateness and relatedness in terms of the anaclitic pathologies. The authors comment on the primacy of avoidant defences in the form of relational and intrapsychic detachment as defining such anaclitic pathologies. I am considering this pathology in terms of its location within the attachment relationship between the traumatised mother and her child.

Pines (1989) emphasised the process of encouraging and enabling separation as being equally relevant to mothering as is the fostering of attachment. Pines addressed the experience of mothers who survived trauma at specific stages, for example puberty, and suggested that these mothers frequently find witnessing their daughter's own sexual development to be extremely painful and anxiety arousing. Such liminal spaces as puberty, early adulthood and pregnancy are potentially agonising for mothers who survived severely traumatic experience.

The relational environment within which mother and child live is coloured by a constricting symbiosis; a fusion that was both between the mother and her child, as well as between the child and those lost objects whose death had been improperly mourned (Mahler, 1975, cited in Blatt & Levy, 2003). Chazan (1992) defines the relationship between the survivor and her child in terms of a lack of separateness and distinctness between the generationality of mother and that of the

child. Barocas and Barocas (1979) identify this state of symbiotic attachment, and reflect on the mother's experience. They suggest that mothers who have survived Holocaust trauma feel threatened by their children's individuation as it represents a threat to both the symbiotic attachment to the child as well as to the fantasied lost object which that child preserves for the mother's sake. For the child there is a strong sense in which their becoming a self independent of the mother-child symbiosis represents a reactivation of the mother's mourning, as well as a threat to their own sense of attachment to their mother.

It was as if their adaptation to life after the war had collapsed with their children's separation from them, and the parting of the secure world of mother and child. They could no longer identify with their children, live through them, and substitute them for those who had been lost. (Walker, 1999, p. 295)

Fodorova (2005) explored unresolved loss in survivors of trauma, and its impacts on the separation-individuation process in their children. The author observed in survivors of the Holocaust a primary failure to internalise a representation of the lost loved object, and a consequent disruption in the adjustment to a new reality, in which that person is no longer alive. The libidinal energy of those who died remained alive inside the family's emotional and relational atmosphere. Born into this atmosphere of unacknowledged grief, the children of survivors had to preserve that libidinal energy by becoming for their parents a memorial to the dead. Fodorova discussed this process in terms of a massive disruption to the second generation child's formation of selfhood and identity, suggesting that the lost object "colonised and invaded their maturing egos" (Fodorova, 2005, p. 303). This shaping of the child's development disrupted the process of individuation. Insofar as the children of survivors did not want to cause their parents further suffering, ideas around separation and departure, in which the parent was again confronted with the pain of loss, were acutely distressing for the second generation.

2.2.5 Relational psychoanalytic perspectives on intergenerational transmission, with some help from self psychology

The intersubjective and relational insights implicit in the writings of Heinz Kohut (1971, 1977, 1984) provide a central theoretic frame for the analysis of the intergenerational transmission of trauma. Kohutian psychoanalytic theory articulates the development of the history of relationship

between self and object, as that relationship is mediated by internalisations and internal representations. Early Kohutian analytic theory explored the process by which the self's internalisations of self-object representations constitute that self's psychological structure. In the context of a facilitative relational environment, the child's internal representations, or fantasised constructions of the self-object union, are able to mutate in a phase appropriate manner, in relation to healthy psychological development and movement towards independence (Ulman & Brothers, 1988). Kohut described the constant and developmentally essential process of the transmuting of internalisations. This process involves the child's moving from an initial and phase-appropriate self-object representation that is defined by archaic grandiose and idealising fantasies, towards self-object representations that are more accepting of limitations and more realistically ambivalent. In relation to the process of transmuting internalisations of self-object representations, the self becomes more able to develop moderated representations, in which the idealisation and aggrandisement of the self-object intersubjective universe becomes evened out.

A relational psychoanalytically informed analysis of the intergenerational transmission of trauma is facilitated by Kohut's grasp of the series of fragmentations and restorations which traumatic parental failure has on the developing self. Kohutian self-psychology, as captured by Ulman and Brothers (1988), identifies the fragmentations of self which occur in the context of the self-object relationship, and are the result of moments of traumatic rupture that are instantiated by absence, loss, death or injury to the self. In response to these fragmentations, which occur either as singular and powerfully assaultive experiences, or persist over time within the context of a pervasively disruptive and violating relational environment, the developing self engages with a process of restoration and reparation. Such restoration, suggests Kohut (1971), aims at the restitution of a compromised and fragmented self and self-object union, and is grasped as a process of defensive disavowal of those parts of the self-object union which are injurious to the self, and restoration of shattered archaic idealising fantasies. This process of restoration and reparation has important implications for the intergenerational transmission of trauma, considering the observations in the literature which identify the trauma survivor's disrupted capacity for relationship in general, and the traumatised mother's unavailability, emotional deadness and expressions of dissociated rage within the relationship between mother and child.

A crucial consideration concerning the restoration of the fragmented or shattered self, as outlined by Ulman and Brothers (1988), concerns Kohut's notion of the *vertical split*. Kohut described the process whereby the child attempts to restore an idealised fantasy of the self and self-object union by disavowing from an acknowledgement of the meaning of a particular existent. In the case of the vertical split, what is disavowed is the range of intolerable and potentially shattering failures within the self-object union. This disavowal also takes place at the level of splitting off from awareness of the fact of denial. The child splits off from an acknowledgement of the extent to which he or she may be internally constructing, and sticking rigidly to, an idealised and grandiose internalisation of the self-object union. Kohut's notion of the defensively motivated efforts by the nuclear self to reconstitute and restore itself in the aftermath of traumatic rupture is a vital consideration in this analysis of the experiences of children whose mothers survived traumatic interpersonal experience. It is suggested that reparative gestures may constitute the psychological structure of the children of mothers whose capacities to be fully emotionally present is compromised by their own history of traumatic rupture.

2.2.6 Trauma, loss and attachment

The application of attachment to trauma has arisen out of increasing awareness of the impact which attachment-related traumatic experience has for the development of the self. Bowlby (1969, 1973, 1980) emphasised the centrality of a nurturing and attentive maternal environment to the development of the infant's capacity to form secure attachments. In the absence of such nurturance the infant will relate to their world in a manner which reflects their anxieties, unresolved loss, relational confusion and sense of mistrust. I am emphasising the *primacy of attachment trauma* as disruptive to the self, and as having implications for internal and relational experience (Blatt & Levy, 2003). Attachment trauma has been identified as the primary human trauma, with helplessness as its hallmark (Freud, 1926; Van der Kolk, 1987). This dissertation employs insights derived from attachment theory as an interpretive framework within which to consider psychoanalytic hypotheses.

The primary attachment relationship sees the infant as helplessly reaching for the life-giving sustenance of maternal provision. In this relationship the infant will hopefully find that largely, but not always, he is able to secure for himself his mother's life-sustaining care. The experience of

being too frequently deprived of the mother's nurturance has been described as a state of *bondlessness* and helpless isolation, with anxiety evoked by a fear of imminent annihilation (Walsh, 1996). Kohut (1984) has described this quality of traumatic experience in terms of the absence of twinship and mirroring, for which the infant experiences an innate longing. This notion captures the central importance, for the infant, of the mother being present in an empathically attuned manner. The absence of twinship represents a deprivation in the context of the attachment relationship, which is grasped as potentially traumatising.

The findings from attachment theory have raised questions for psychoanalytic inquiry concerning the processes by which the parent's psychic realities become reflected in the internal and relational worlds of the child. Research using the Adult Attachment Interview has revealed the intergenerational transmission of unresolved trauma and loss through patterns of attachment between mother and infant (Diamond, 2004). The approach to trauma in this work involves a fusion between attachment theory and relational psychoanalytic thinking. Two primary theoretic connections between attachment theory and psychoanalytically-oriented studies of the intergenerational transmission of trauma exist. The first connection concerns the specific relational structure of attachment patterns between mother and infant, and the implication of these specific relational structures on the adult self's capacity for interpersonal relationship (Ainsworth et al, 1978; Lyons-Ruth & Block, 1996; Lyons-Ruth et al, 2003; Sagi-Schwartz, Koren-Karie & Joels, 2003). These works attend to the pattern of frightened/frightening attachment, the intricacies of which shall be clarified with emphasis placed on the links between attachment patterns and the intergenerational transmission of trauma.

The second line of thought connecting attachment theory with psychoanalytic explorations of intergenerational transmission is derived from object relations theory. The work of Fonagy (1998, 1999, 2001) will be considered here, exploring the relational processes by which cognitive and affective structures are transmitted to the infant. This work focuses on the impaired quality of psychic attunement between the traumatised mother and her infant, in which the mother finds that she is unable to empathically gauge her child's felt experience. Research in this area promotes the notion of human development as occurring in an interpersonal matrix. Representations of self and other, and internal representations of the structure of relationship are formulated within the

intersubjective space between infant and mother. Bearing in mind the centrality of relationship to the development of self, I shall proceed now with a discussion of the attachment theory research which has contributed most centrally to the theory of the intergenerational transmission of trauma.

Understandings of the connections between parental interpersonal trauma and the parent-child relationship have been influenced by theories of the intergenerational transmission of trauma. It has been suggested that interpersonal traumatic experience can have a profound influence on the survivor's capacity for relationship within their family (Schwerdtfeger & Goff, 2007). Parents who have lived through traumatic experience may be unavailable to their children. I have quoted above Fraiberg, Adelson and Shapiro's (1975) description of the traumatised mother as "locked in some private terror". This image exemplifies the relational posture of the traumatised mother. Robert Lifton (1979) also made use of the image of being *locked in* (Lifton, 1979, p. 168), and likened this to the depressed mother's position of being psychically dead. This position of entrapment is an important one to consider in that it connects with the survivor's sense of overwhelming and unendurable loss. The constricting presence of an unmourned loss in the survivor is a quality of her existence which breaks her connection with those in her world.

The understanding of traumatic experience as unresolved suggests that the experience is either unintegrated or incompletely integrated. Research into the implications of this for the attachment relationship between mother and infant has identified the phenomenon of mothers responding to their children in a way which is either frightened or frightening, in terms of the child's experience (Lyons-Ruth, 2003). In clarifying this phenomenon we must consider the observation that mothers who have survived traumatic experience may respond to their children in a hostile, intrusive, easily enraged, psychically constricted, extremely agitated and emotionally withdrawn manner (Herman, 1992). The mother's "vehement emotions", to use Janet's phrase, exert a potentially disintegrating influence on the child's mind (Van der Kolk & Van der Hart, 1989). Consider the needs of a very young child as he tries to cope in the huge and potentially overwhelming world that surrounds him. Central to the child's experience of the world is the newness of things; the perplexing uninterpretability of events. In his attempts to make sense of his world the child experiences intensely his need for care, reassurance, guidance and explanation. He experiences the rootedness of his physical body in the mother. His primary need is for containment and the creation of safety

by a loving care-giver. Through the gentle and consistent provisions of a caring other the child can come to learn how to modulate his fearfulness, and find a more continuous sense of security in his world. In his lived experience though, the child finds fear, insecurity and annihilation instead of succour, safety and vitality. The very relationship which should create and sustain his safety is threatening it.

This narrative exemplifies two central observations of an attachment based account of human relationships. Firstly, the narrative acknowledges the primacy of a secure relational base for the child's development of selfhood and emotional regulation (Cortina, 2004). Secondly, the narrative shows us the primarily relational nature of the intersubjective transmission of fearfulness and insecurity (Sagi-Schwartz, Koren-Karie & Joels, 2003). The connection drawn here, between the survivor-parent's incomplete mourning or unresolved trauma and their frightened or frightening relational posture, is the basis of attachment theory's account of the intersubjectively grounded intergenerational transmission of trauma.

The attachment theory approach to analyzing the intersubjective processes by which trauma is transmitted makes reference to the variety of attachment patterns which the child adopts in her attempts to cope with the interpersonal complications of her world. In the child's attempts to gain the security and nurturance that she needs, she will utilise specific strategies. These strategies are determined by the child's sense of the parent's capacity to meet or frustrate their needs. In this sense, they are understood as defensive processes in that the child will defend against awareness of the pain by dissociating from the unmet need for nurturance.

Four attachment strategies have been outlined by Fonagy (1998). Firstly, *secure attachment*: These individuals are autonomous, place value in their formative interpersonal attachments, convey a plausible and coherent personal narrative, and are able to engage meaningfully and trustingly with interpersonal relationship. Secondly, *insecure/ambivalent attachment*: these people are primarily ambivalent in their attachment, alternately devaluing or idealising their attachments, and struggling to maintain stable interpersonal relationships. People whose attachment patterns are defined by the *insecure/preoccupied* style of attachment are exceedingly passive in relationships, and may become overwhelmed by the emotions which they experience in the relational space, and

consequently withdraw from interpersonal contact. This pattern of attachment demonstrates a relationally and intrapsychically avoidant pattern of attachment, which has denial of anxiety as its primary defence (Sandler, 2003).

The final attachment strategy, the *disorganised/disoriented* pattern, features centrally in the literature on intergenerational transmission, and relates to adults who are “unresolved” with respect to experiences of trauma or loss (Lyons-Ruth & Block, 1996; Fonagy, 1998 & 1999; Sagi-Schwartz, Koren-Karie & Joels, 2003; Lyons-Ruth, 2003; Pearlman & Courtois, 2005). The identification of disorganised/disoriented attachment has led to renewed interest in the psychoanalytic constructs of fantasy and processes of internalisation and representation, and has contributed to the literature on the intergenerational transmission of trauma. Infants who are described as disorganised may exhibit such behaviours as stilling, freezing, trance-like states, the sequential display of markedly contradictory emotional states, unusual posturing, and misdirected behaviours. The parents of these children, who manifest an attachment style characterised by unresolved trauma or loss, may respond to their children in a predatory or stalking manner, they may exhibit frightened behaviours such as backing away, sexualised kissing and holding, and dissociative states such as falling and acting in a robotic manner (Diamond, 2004). Lyons-Ruth (2001) defined parents’ frightened or frightening relational style in terms of patterns of either helpless-fearful engagement, or hostile-intrusive engagement. If we consider the traumatised parent relating to their own child in this manner, bearing in mind the child’s state of helplessness and dependence, it becomes clear that for the child this situation is an insoluble and inescapable one. In relation to the mother’s fear, the child finds that he or she is unable to protect him or herself, and is unprotected by her mother.

An important consideration concerning the position of the child in relation to the mother who demonstrates frightened or frightening behaviours relates to the painful ambivalence of the experience for the child. Considering that the primary motivation of the infant and young child is to have his or her needs for safety met, we observe that mothers who demonstrate patterns of unresolved trauma are a source of both comfort, or safety, and danger (Pearlman & Courtois, 2005). This presents the child with an “insoluble dilemma” (Lichtenberg, 2003, p. 170). The situation of being dependent on a frightened or frightening parent has been formulated in terms of

two dimensions of experience: Firstly, the cognitive processing of representations of the experience, in which we focus largely on dissociative phenomena (Liotti, 1992, 1999, 2004) and secondly, in the interpersonal processing of the experience in which we see literal or disguised enactments of the experience in the child's future. In this dissertation I explore the human response to trauma which emphasises the dissociative quality of that response. The relational psychoanalytic literature has described the traumatised existence as primarily shaped by dissociative processes (Bromberg, 1998, 2001, 2003; Herman, 1992; Grand, 2000; Stolorow, 2007). Moving from the works of formative object relational theorists (Winnicott, 1965) I shall detail the observations of ego fragmentation and dissociative splitting in children exposed to pervasive interpersonal traumatic experience.

For the purposes of the current exegesis of theories of the intergenerational transmission of trauma, it is necessary to state the observation that children whose parents exhibit frightened and frightening behaviours demonstrate a defensively motivated disorganised/disoriented attachment style, shaped by dissociation in their intrapsychic experience (Diamond, 2004; Fonagy, 1998, 1999; Liotti, 1992, 1999, 2004; Lyons-Ruth, 2001). Considering the vulnerability of the growing child, and his or her dependence on the life-sustaining provisions of the mother, we observe that pervasive frustration of needs and any experience of abuse is an unendurable agony which threatens the child's safety. In response to the child's failed attempts to engage the mother's assistance, so that he or she may process and survive these unendurable emotions, his or her only recourse is to dissociate from the experience. From a relational psychoanalytic perspective it is suggested that what is dissociated is the child's awareness of rejection and acute, near-annihilatory, vulnerability.

Holding in mind the child's fragility, and the agonising frustration of his or her needs for nurturance and safety, two intersubjective processes need to be explicated, given the focus on the intergenerational transmission of trauma: Firstly, the nature of the mother's psychic and intersubjective presence in relation to her child, and secondly, the intersubjective sequelae of the mother's presence for the child's future. Attachment theorists propose that children will internalise the communicative and relational styles of their parents, which will emerge as distinct interpersonal and representational structures in their futures (Muller, Sicoli & Lemiux, 2000).

With this in mind, I explore the attachment patterns of mothers who have survived traumatic experience, considering the pattern of frightened or frightening attachment and its intersubjective sequelae in the child's own adulthood.

2.2.7 With holding in mind: The mother's capacity for reverie and reflection

I have described the process of intergenerational transmission emphasising the role of attachment disorganisation, broadly defined as a defensive dissociation shaping the child's ongoing relational style. Fonagy (1998, 1999, 2001, 2005) has contributed to understandings of the ways in which the quality of relationship between infant and mother enables the passing forward of traumatic experience. Fonagy's conception of the relational mechanism which he terms *mentalisation* - a reflective function by which one self comes to know or understand the thoughts, feelings, desires and fantasies of another self - is an intuitive function by which one self can know through reflection the motivation and intentionality of another self, and reflect this knowing to the other, so that the other may be seen, known and understood. Fonagy has shown that the reflective capacity of mentalisation is associated with secure attachment in infancy and adulthood, and has therefore emphasised the centrality of this concept to research into the intergenerational transmission of trauma. Fonagy's conception of mentalisation clarifies the process by which the capacity for mentalisation in the mother begets the same capacity in the child. Through being in relationship with a mother who is able to hold the infant's mental and emotional states in her own mind, and reflect those states, the infant is able to come to know his own experience. The child exists in a meaningful relational context in which he can come to know himself through the internal reverie (Vaslamatzis, 1999) and thoughtful reflections of the mother. What happens then, if the child finds himself in relationship with a frightened or frightening caregiver whose presence is infused with the deep, unarticulated memory of a traumatic history?

Fonagy (1998, 2001) makes reference to Winnicott's warning that should the child fail to find her affective and cognitive states reflected by a containing mother, she will take into her nascent self-structure a representation of the other. The child will absorb from her relational atmosphere the desires, representations, fantasies, language and affective contents which colour it. She will incorporate these into her vanquished self. When confronted with a traumatised mother's rage, terror, shame, anxiety and catastrophic loneliness on the one hand, and disrupted capacity for mentalisation on the other, the child will disband from her own experience, and incorporate into

herself the fraught experience of the mother. The implications for this in terms of the child's development are manifold. Firstly, the internalisation of the mother's representations of traumatic despair fills the child with an unendurable experience of self, from which she must dislocate if she is to survive the experience. This dislocation, Fonagy (1998, 1999, 2001) suggests, manifests in the processes of attachment disorganisation and dissociation described above. Secondly, the child's own authentic and developmentally appropriate experiences of anxiety, despair, and traumatic aloneness, through not being reflected by an attuned mother, are not taken as subjectively real. The child cannot form a representation of these experiences; she cannot know them as they are happening to her. The experiences thus remain unclaimed and hence, unformulated. Consequently, the only possible response for the child is dissociation.

As has been described, mentalisation is the ability to hold reflectively the psychic experience of another, and to mirror that experience for the other. Mentalisation also comprises the capacity to formulate meaningful representations of one's own experience; to know subjectively and apperceptively one's own experience from within oneself. This knowing of internal experience, suggests Fonagy (1999), is compromised if the child does not find herself securely attached to a mother whose capacity for mentalisation is intact. Bearing in mind the centrality of dissociative process as a defence against knowledge of unbearable experience, the mother's own unformulated and dissociated despair becomes the child's, through mechanisms of internalisation. The child's developmentally appropriate anxiety and despair becomes dissociated as she is unable to formulate and endure the experience alone. Furthermore, the child must dissociate from her own knowing of the internalised maternal anguish, as this knowledge is itself unendurable. In this process we see what Grand (2000) refers to as a malignant dissociative contagion: the correspondent denial and disavowal of human experience within a collusive relationship between two mutually "shattered selves", which evokes the reenactment of that experience, continuously, throughout a discontinuous personal and familial future.

The authors whose research I have cited all call for the rediscovery of a lost voice. In relationships, human selves collude in the movement away from knowing and consequently find that memory forces itself always out into open spaces, where it must be repeatedly met with fear or grief. The literature on the intergenerational transmission of traumatic experience is asking that we

reconsider pain, that we attend to it and come to know it. This knowing may disable the unquiet visitations of traumatic history in the continuous present. Two voices, one from 16th century England, the other 21st century Japan, speak this old wisdom to us:

If thou didst ever hold me in thy heart,
Absent thee from felicity awhile,
And in this harsh world draw thy breath in pain,
To tell my story.
The rest is silence.

- Shakespeare, *Hamlet*, act 5, scene 2

This is a precious moment . . . This is a precious time. Come. Caress your wound now. It will be there for the rest of your life. But caress it now, while it's raw and bleeding. Come . . . Come now.

- Ishiguro, *The Unconsoled*

CHAPTER 2

PART 3

2.3 Not memories but emanations: Historical narratives on trauma and dissociation

In our small apartment, it was a chaos of emotion that merged from their words rather than any coherent narration. Or rather, the emotion, direct and tormented, was enacted through the words, the form of their utterances. The memories - no, not memories but emanations - of wartime experiences kept erupting in flashes of imagery; in abrupt, fragmented phrases; in repetitious, broken refrains. They kept manifesting themselves with a frightening immediacy in the most private and potent of family languages – the language of the body.

- Eva Hoffman, *After such knowledge*

The history of conceptualisations of dissociation dates back to Janet's initial work on the subject. Much of the early work on dissociation centered around the structure of mind, with dissociation reflecting subliminal psychic activity - mental processes or contents - existing, dynamically or statically, at a level below conscious awareness (Bob, 2003b). The notion defines the self as constituted by experience which is both available to consciousness and inaccessible. Such thinking was extended by James (1890) who formulated the notion of a stream of consciousness: the unsteady flow of thoughts, some of which register at the level of conscious awareness, and some of which do not.

The literature formulates dissociative process as a response of the self to overwhelming experience. In relation to this, the healthy self, in other words the self in a state of integration as opposed to dissociation, is constituted by clear personal boundaries, a sound capacity for affect regulation, positive self-esteem, a capacity for truth and honesty, and a sense of continuity from one moment to the next (Middleton, 2004). The development of such a self is facilitated by secure attachment relationships in early childhood. The absence of such relationships is associated with a disruption in the development of self. The development of the child's capacity to constitute his or her affectively grounded lived experience, through self-reflectivity, symbolisation and narrative, emerges through the presence of a psychically attuned care-giver (Stern, 1985, 1997; Auerbach,

1998; Bromberg, 1998). The parent's attunement to the child in times of distress allows for a repairing of the child's distressful states and provides the child with an intersubjective context within which to develop a capacity to use symbols and to construct a self-narrative. It is through this that experience becomes knowable (La Mothe, 2002).

Janet's writing on dissociative process provided insights which have remained salient into contemporary explorations. His work involved explorations of hysteria, which he identified as a process of adaptation to extreme stress by dissociating memories, feelings and cognitive representations associated with that experience. For Janet, dissociation was a highly emotional experience driven by vehement emotion (Van der Kolk, 1989). Janet constructed trauma as an experience of vehement emotion, which disrupts the self's internal cohesion, exerting a disintegrating influence on the mind, and leaving traces of unprocessed experience which move forward into the traumatised self's future relationships. Subsequent commentary on Janet's work (Van Der Kolk, 1989) has emphasised the relationship between trauma and memory. Van der Kolk suggests that vehement emotion does not enter narrative memory. Via this logic, trauma is not, or cannot be, processed symbolically through narrative. As such, it does not enter the intersubjective space, but stays locked in the individual.

The memory traces of the trauma linger as subconscious fixed ideas that cannot be 'liquidated' as long as they have not been translated into a personal narrative and instead continue to intrude as terrifying perceptions, obsessional preoccupations, and somatic re-experiences.
(Van der Kolk, 1989, p. 153)

Bob (2003a) cites the work of De Tours who described what he identified as a *psychological dissolution* and *desegregation* of the self. These descriptions held in mind the aspect of the self as a composite structure which, when confronted with overwhelming experience, is fractured or shattered. The initial thinking of Janet is credited as most formative in its influence on psychoanalytic theories of dissociation. Janet's identification of the psyche's capacity to split was one which found a home in classical, archetypal and later relational psychoanalytic thinking. Jung spoke of the autonomous complex, which he framed as a contained unit of affect split off from potential interaction with other affects. The autonomous complex links with Janet's notion of the *idée fixe* (Everest, 1999). This cornerstone of early dissociative theory identifies the split of

psychic contents as something which exerts an uncontrolled influence on the psyche. The *idée fixe*, or psychological automatism (Van der Kolk, 1989), is an incompatible recurring affective theme which is essentially dislocated from the individual's experience, and forces its way into expression in an uncontrollable and potentially frightening way. The notion of the *idée fixe* was central to Janet's work, and conceptualised traumatically motivated dissociation as creating new spheres of consciousness organised around intensely arousing experiences. Generally, the *idée fixe* is cognitive, affective and visceral; it is an unprocessed aspect of psychic experience, and is not integrated into the ongoing narrative of the individual's experience. The expression of the *idée fixe* is, according to Janet, primarily embodied and only enters experience, behaviour and emotion through the body.

Early thinking on dissociative process found a theoretic home in object relations theories. Fairbairn linked dissociation with the splitting of the schizoid personality. Fairbairn's (1952) endopsychic model described the internal object as being split into multiple representations. Klein described splitting as a primary defence in the paranoid schizoid position (In Segal, 1979). This splitting was one of both internal self and internal object representations, which led to a fragmentation of the ego. Winnicott's (1965, 1971) false self/true self division envisages the dissociation of psychic pain as the origin of such a division.

The history of thinking around dissociative process pivots on the analytic reflections of Sándor Ferenczi (1932/1985), who constructed a "dialogic hermeneutics of trauma" (Orange, 2011, p. 84). Ferenczi described a self in which severe suffering effected what he termed a fragmentation of the ego. Such a fragmentation, which can occur repeatedly and in subtle ways, creates a split-off part of the self, which Ferenczi described as experientially and intersubjectively dead (Bokanowski, 2004). Such splits in the self create a part of the self which is not alive to experience. This less alive, dissociated self, corresponds with Winnicott's notion of the false self, which is grasped as an experience in which the self lacks authenticity, and feels less acutely the moment-to-moment experiences of self and self-other relatedness. Ferenczi's theory of dissociative process envisaged the self as constituted by, on the one hand, a capable, functional, engaged self, which is accessible to the other, and, on the other hand, a deadened, split-off self. His construction of dissociative

process embodies an analysis of trauma that is, according to Orange (2011), primarily intersubjective and reflects the beginnings of a relational psychoanalysis.

2.3.1 Relational psychoanalytic perspectives on dissociation

It is since the revisions of the concept of repression, and the reframing of it as dissociative process which came with the relational psychoanalytic movement, that this domain of human experience has re-emerged as a focus in psychoanalytic theory (Bromberg, 1998). The attachment theory based psychoanalytic literature clarifies the notion that defence in the form of dissociation is an implicit two-person process, observing that dissociation enables the regulation of emotion in the context of an unprotective relational environment (Knox, 2003). The resurgence of literature exploring dissociation is connected with developments in trauma theory (Herman, 1992; Terr, 1991) as well as changes in psychoanalytic thinking, with its movement from an intrapsychic to an intersubjective orientation (Davies & Frawley, 1994; Stern, 1997; Stolorow, 1994, 2007; Bromberg, 1998, 2003).

Primarily, relational psychoanalysis locates dissociation as an intrapsychic and intersubjective process which develops in a particular relational environment. Stolorow (2007) commented on the developmental origins of the dissociative mind. He described the process by which a lack of attunement by the mother creates to an interpersonally manifested dissociation in which the child's emotional experience cannot find a "relational home" within which it can be contained. In the absence of a holding context the child must split off from awareness of his own emotions. Stolorow proffers a view of traumatic dissociation as grounded in an intersubjective space in which the vehement emotions cannot find a relational home within which they can be processed and safely experienced. Dissociation as a response to trauma is therefore described in terms of its impact on relationship, intimacy and connectedness, with the contents of the traumatic experience, as well as the survivor of that trauma, becoming disconnected from relationship, foreclosing possibilities for intimacy (Frankel, 2002).

Dissociation is broadly understood as a cognitive processing of overwhelming experience, whereby the experience is organised into unintegrated iconic, imagistic, sensory and affective modes, bypassing the person's capacity to process the experience symbolically and

autobiographically. As these iconic and sensory elements are not represented symbolically, they do not enter narrative, but are present as psychic contents. They remain as presymbolic, powerful psychic contents which impact on behaviour and perception, but from outside of awareness; they are not integrated into the person's self-reflective narrative and awareness (Davies & Frawley, 1994). From a psychoanalytic perspective, dissociation represents the moment of trauma when the self is obliterated; there is a no-self, and so there is non-experience (Blanchot, 1995). A non-experience is that which remains unsymbolised, and so is not woven into the self's narrative. The non-experience has no 'I' attached to it, and no experiencing subjectivity to give meaning to the experience. This absence of an interpreting subject causes a loss of agency, connected with powerful feelings of helplessness. Language and symbol are located in context and time, so non-experience reflects a contextless, timeless experience, which is always here and now and there and then at the same time (Ogden, 1989, Winnicott, 1971). In contrast to non-experience, subjective lived experience is linked to language and symbol, to self-reflection, and to the reflectiveness of others (Fonagy, 1995). Defensive dissociation stands for the moment when the relationship between self and other is momentarily annihilated.

La Mothe (2002) describes dissociation as the creation of a no-self and a non-experience or as a fragmentation of the body, placing body/self in a space that is beyond connection to others. It is a state of being-beyond-others, rather than a state of non-being. La Mothe suggests that we need to understand the interhuman routes of dissociation, and in order to do this we need to recognise the intersubjective contingencies of the care-giver/child relationship.

The constitutional and intersubjective capacities emerge and develop within the context of social interactions and together these developing capacities are necessary for a human being's narrative self-organisation, sense of personhood, and experiences of being alive and real. (La Mothe, 2002, p. 178)

Trauma represents an experience which, through its inaccessibility to language, symbolisation and integration, is closed off to intersubjective participation. The traumatic experience erodes narrative, language and knowledge (La Mothe, 2001, 2002). This structuring of trauma locates dissociative process at the centre of the experience. Furthermore, trauma, as an event that disables narrative, instantiates a dissociative process that disrupts the self and annihilates self-in-relation.

The core of severe trauma is fundamentally beyond the reach of self and community and the symbols, languages, and rituals that establish and maintain self and relatedness. (La Mothe, 2001, p. 545)

These images of dissociation as an annihilation of an aspect of experience and the creation of a no-self, as a dimension of history which is unthought but known, is reflected in Hollander's (2004) image of dissociation as an exiling of part of the self. Dissociation is described here in relation to a knowing of one's self, and a defensive exiling of that knowledge for the sake of preserving the self. It is a developmental process in which we generate an ability to contain painful affective states within our self but beyond our awareness.

A relational psychoanalytic construction of dissociation focuses primarily on the notion of discontinuity: a subjective experience of rupture that comes from fluctuating between disparate experiential states and the loss of a sense of identity and self-sameness. Philip Bromberg (1998, p. 186) described health as "the ability to stand in the spaces between realities without losing any of them – the capacity to feel like one self while being many." Psychological health, for Bromberg, means to stand in the spaces between disparate self states, and maintain a sense of being a continuous 'I'. Considering this in relation to Bion's notion of "attacks on linking" (Bion, 1959), dissociation is grasped as a disruption of the links between affective, cognitive and experiential aspects of self; a disruption that is mediated within the context of a relational environment. Bromberg defines dissociation as a rupture in the linkage between one self state and another, in which the shift from one self state to the next is felt as a radical disconnection from the self; a breakage defined by exiting one self state, entering another, and having little or no sense of a liminal space between selves. In this sense, transition from one self state to the next is accompanied by potentially frightening periods of absence and near-annihilatory non-experience.

In thinking about dissociation as a process by which one becomes disconnected from certain aspects of one's self, it becomes important to consider how this may manifest at the level of the interpersonal. Bromberg speaks of dissociated self states as becoming "cut off from authentic human relatedness and deadened to full participation in the life of the rest of the personality" (Bromberg, 1998, p. 133). This image announces the segregation of dissociated self states not only from the self, but from the relational environment. That which is dissociated becomes silent and

impassive in the interaction. What Bromberg articulates as parts of the self being deadened to relational participation, Ulman and Brothers (1988) describe as an intrapsychic deadness of the self. An aspect of self that is not felt, is nullified, and is concealed from participation with the other.

Grand (2000) addressed the notion of enactment and dissociative process. Grand described trauma as an unknowable and incommunicable experience; something at the deep core of the experience cannot be communicated. She gives a sense of this in the following evocative description of one person's experience:

No one knew her in the moment when she died without dying; no one knows her now, in her lived memory of annihilation. (Grand, 2000, p. 4)

The unknowability and incommunicability of the trauma is a dynamic of the experience which Grand links with the notion of enactment of the trauma through the body. Grand likens the unknowable experience with Sullivan's (1953) uncanny emotions; shame, hate, terror, despair and catastrophic loneliness. Such emotions cannot find a location in narrative expression; they become dislocated from narrative. Enactment is the embodied and relational expression of the emotions and memories belonging to the experience. In relation to this, bodily enactment of that which is absent from narrative is an attempt to make absent psychic contents present in an embodied, visceral way. It is towards a specific structuring of dissociation and enactment that I now turn.

2.3.2 Dissociation and the dialogical self: From Bakhtin to Bromberg

These selves of which we are built up, one on top of another, as plates are piled on a waiter's hand, have little constitutions and rights of their own . . . One will only come if it is raining, another will only emerge in a room with green curtains, another when Mrs. Jones is not there, another if you can promise it a glass of wine – and so on . . .

- Virginia Woolf, *Orlando*

The foundational construction of self being developed in this dissertation views the self as relational and dialogical. The relational psychoanalysts whose writings I am considering emphasise the relational and contextual nature of selfhood (Mitchell, 1988; Bromberg, 1998; Stern,

2002; Stolorow, 2007). For these authors selfhood is multiple and varied, and emerges in and through the context of an intersubjective surround (Howell, 2005). Steven Stern articulated this view lucidly in his description of human subjectivity as constituted by “discontinuous self-states that are grounded in the history of a person’s relational experience” (Stern, 2002, p. 694).

The theory of the dialogical self describes the self as constituted by diverse positions, ways of being, or states of emotional and psychic experience. Each of these different selves interacts dialogically with other selves internally, at the level of the intrapsychic, and externally, at the level of intersubjectivity (Hermans & Kempen, 1993). The theory of self as multiple has been carried forward in the contemporary psychoanalytic literature with a variety of authors suggesting that selfhood is constituted by a multiplicity of different selves, each relating differently in the intersubjective space (Davies, 1998; Bromberg, 1998; Stern, 2002; Howell, 2005; Naso, 2007).

The intellectual origins of the theory of the dialogical self came with the work of Mikhail Bakhtin, who conceptualised subjectivity as polyphonic, with consciousness being a sustained dialogue between different selves (Bakhtin, 1981). This polyphony manifests relationally as the same core self interacting differently with the world, dependent on the relational context in which that self is located at a moment in time. For Bakhtin, the self speaks with multiple voices, each articulating a different subjective reality. Lysaker, Johannesen and Lysaker (2005) described the polyphonic self as moving from one voice to another, one self-position³ to another, in relation to a fluctuating relational environment. Through this context-dependent motioning of the self from one self-position to another, we can see a model of subjectivity and selfhood that is primarily defined as intersubjective and social.

An important feature of the dialogical self, as discussed by Holquist (1990), relates to the notion of conflict as existing in the spaces between the disparate and potentially polar self-positions. It is an important quality of the multiple self that it represents a simultaneity of disparate and potentially conflicted ways of being. Each self-position represents a dissimilarity in relation to other selves. Such an intrapsychic otherness, as envisaged by both dialogical and dissociative theory,

³ The dialogical theorists I have cited use the term *self-position* to denote the unique relational, emotional and psychic posture of each emergent self. Bromberg (1998) speaks of the *self state* in his writing, to convey a similar construct.

instantiates a self-self and self-world relationship which has conflict at its core. Hermans (2002) captures this notion succinctly:

Like a society, the self is involved in oppositions, agreements, disagreements, contradictions, negotiations and integrations. Self and society both function as a polyphony of consonant and dissonant voices. (Hermans, 2002, p. 148)

This presentation of the history of ideas on dialogical theory serves as a route to discussing this concept in terms of relational psychoanalysis and theories of dissociative process. The work of Philip Bromberg is central to this section of the review of literature (Bromberg, 1998, 2001, 2003). In his writings, the self is grasped as a core and continuous existent which persists across intrapsychic fluctuation. Bromberg suggests that the establishment of a link between conscious and unconscious processes is a developmental achievement. Experience, whether conscious or unconscious, is structured within the intersubjective surround. For Bromberg, we need our experiences to be structured through contact with others. To the extent that experience is not facilitated by the presence of an emotionally attuned other, it may become dissociated. In relation to this developmentally oriented construction of dissociative process, and assuming the presence of a core and continuous self, dissociation is described as the presence of not-me components within the self, which exert an influence on ongoing experience. Bromberg describes this influence as a kind of haunting of the self by something internal, alien and unknowable. He uses the image of the dissociated content as a dead space within the self, suggesting that the dissociated aspect of self is inaccessible to intrapsychic as well as intersubjective dialogue.

I am emphasising traumatic experience as primarily dissociative. In relation to this, dissociation is described by relational theorists as a disruption in the continuity of being in which certain aspects of self experience become dissociated so as to preserve for the self the illusion of being one self (Howell, 2005). Considered as a relationally manifested process, dissociation instantiates a disavowance from human contact in which part of the self becomes deadened to participation (Bromberg, 1998). This links with Ferenczi's description of the traumatically split off part of the self as being intersubjectively dead (Bokanowski, 2004). Bromberg defines dissociation as a process in which intrapsychic conflict is foreclosed. Thus, dissociation is the movement away

from internal conflictual dialogue. In an attempt to dislocate from painful traumatic affect the dissociative self disallows dialogue between the self and the affects, memories and symbolic representations of trauma. In the place of dialogue, dissociation introduces into the self an inflexible foreclosure of communication between different self states.

Dissociated psychic contents are held in a psychically disconnected space, and not integrated in the autobiographical narrative of the self, and the self is not aware of the dissociated psychic contents. Bromberg (2003) uses the metaphor of self as *haunted* by the dissociated state. As an aspect of self which is made to reside in a dark and hidden space, the dissociated content, which must find expression, and must be experienced, forces itself into the lived intersubjective experience of the self. Enactment is the process by which this takes place. Bromberg (1998) identifies enactment as taking place in the relationship between the traumatised self and the other. Enactment, for Bromberg, is the process by which the dissociated self state becomes manifest in the relationship without being articulated through language. Enactment is the expression of the dissociated self state inside the relationship. In this we can see the return of the traumatic affect to the relationship; it finds a *relational home*⁴ in the end, but through action and not words. Through this, however, the dissociated content, although finding expression, remains incommunicable, and there unknown and unknowable.

2.3.3 On the notion of unformulated experience: The work of Donnel Stern

Before us the thick dark current runs. It talks up to us in a murmur
become ceaseless and myriad, the yellow surface dimpled monstrously
into fading swirls travelling along the surface for an instant, silent,
impermanent and profoundly significant, as though just beneath the
surface something huge and alive waked for a moment of lazy
alertness out of and into light slumber again.

- William Faulkner, *As I Lay Dying*

A cornerstone in my thinking around dissociative phenomena and the relational sequelae of traumatic experience is the concept of *unformulated experience* developed by Stern (1997, 2003). Stern's thinking needs to be appraised in the context of the constructivist paradigm from which he

⁴ To use Stolorow's (2007) phrase.

came. Constructivism emphasised the notion of all experience as interpretation. The meaning ascribed to experience is given by the experiencing subjectivity. Traumatic experience, seen in this light, is an unformulated experience which, by virtue of its being painfully and vehemently emotional, is rendered uninterpretable by the dissociative self.

For Stern therefore, experience is structured as a system of mutual influence, intrapsychic and intersubjective, in which relational and embodied ways of being are coloured by internal cognitive, emotional and mnemonic processes. Central to this structure of influence is the place of symbolic representation; experience can be known only if the self is able to symbolise that experience from a critical distance. The role of language in the representation of experience is central to Stern's relational psychoanalytically informed writing. Drawing from Heidegger's writings, Stern comments on the notion of language as representing a "thrownness" for the speaker or the writer. Language distils the voices of those who came before us, consolidating within us an inherited repertoire of expressive nuances of symbolisation. Moreover, language is influenced by dissociation through the defensively motivated deletions, distortions and incoherencies in narrative. An important demonstration of such defensively motivated deletion, as described by Stern (1997) relates to the notion of *narrative rigidity*. This involves the dissociation of a part of one's narrative from the overall narrative by over-emphasising one dimension of self above all others. This narrative trend involves the restriction of one's self to an illusory unified self, in which only one, or a small number, of possibilities for meaning are considered by the teller. Stern (1997) clarifies this notion in his statement that dissociation is the deletion, through limiting one's personal narrative, of imagination and multiplicity.

In thinking about the role of language in constituting our lived world, Stern speaks of the function of language to "leak out" a sensation, perception or intuition that exists prior to language, within the self. James (1890) describes the undefinable, rapid sensation, the feeling tendency, which can only be tacitly known. These barely namable units of experience, which can be described as nonverbal, have a linguistic dimension in terms of their expression. That which is nascent, incipient, eminent, is brought into being; it is delivered from confused silence into a slight descriptive openness.

Unformulated experience, as described by Stern, is the product of a dialectic between intolerable experience and the power of language to convey the essence of that experience. It is mediated by the self's need to defend against awareness of agony, loss, despair and fear.

Unconscious clarity rarely underlies defence. On the evidence of our observations of them as they emerge in awareness, the perceptions, ideas, and memories we prefer not to have, the observations we prefer not to make, are often murky and poorly defined, different in kind than they will be when the process of articulation has reached the level of words . . . 'Unformulated experience' is the label I have chosen to refer to mentation characterised by lack of clarity and differentiation. (Stern, 1997, p. 37)

Stern drew the notion of unformulated experience from the work of Jacques Maritain (1853):

It is a beginning of insight, still unformulated, a kind of many-eyed cloud . . . a humble and trembling inchoation, yet invaluable, tending toward an intelligible content to be grasped. (Stern, 1997, p. 39)

The image of an unspoken sense, one which tends towards intelligibility, but is not yet fully grasped, raises important considerations for exploration, in terms of how this tending towards intelligibility manifests in the spoken word and the lived body. Drawing on Stern's relational notions, I propose that the formulation of such ambiguous and unnamable experience takes places in a dialectic between self and other: the process by which unformulated experience becomes formulated is fundamentally an interpersonal one, with our relational experiences influencing our experience of self.

The link between defensively motivated unformulated experience and the interpersonal was first articulated by Sullivan (1940, 1953). Sullivan described the self-system, by which he implied the ways in which the self structures itself internally, maintaining ways of being and relating which are safe and secure, and rejecting ways of relating that might evoke painful affect. Sullivan's interpersonal construction of the self is shaped largely by an awareness of how relationship could evoke fears, anxieties and internal disturbances. The self, in an effort to continue the necessary defensive concealment and hiddenness which certain ways of relating enable, will stick with those

ways of relating in order to avoid internal disturbance. It is in this sense that unformulated experience, and by extension dissociation, is constructed as an interpersonal process.

The interpersonal processes by which unformulated experience stays unformulated raises a point concerning the potential for narrative to “leak out” those dissociated elements of a personal history. How can it be possible to come to name through narrative that which has been kept in unformulated ambiguity? In response to this I rely on Stern’s articulateness:

The process of telling one’s own life story is not volitional in any simple way, any more than is our construction of dreams, or, for that matter, our construction of the next moment’s experience. Yet, also like our dreams, our deepest intentions inform and shape out stories. An authentic narrative of self is so thoroughly imbued with these intentions, which are themselves lived, and thus not necessarily reflectively considered prior to being enacted, that it reflects them without symbolising either the motivations that underlie them or whatever cognitive processes immediately precede them. Well or poorly told, rigid or flexible, coherent or fragmented, complex or simple, our life stories are simply there. Their events, sequences, and meanings generally seem the outcome of impersonal natural forces, forces as little our own as the march of history itself. (Stern, 1997, p. 65)

I see in this statement pronounced reflections of Stern’s concept of the intergenerational transmission of traumatic themes through the particular defensive processes which influence how we tell our stories. Stern is describing the self’s capacity to make known, in a certain way that is tolerable and can be endured, something of its own lived experience. Accordingly, this conception of dissociation is a process by which consciousness prevents certain interpretations of an experience, rather than the exclusion of that experience. Dissociation, for Stern, is the sustaining of a situation of *familiar chaos*: the confinement of an otherwise unbearable psychic content to a state of unrefined ambiguity by disallowing linkages between memories, perceptions and emotions. This state of ambiguity involves consciousness disallowing the interpretation of an event. In this model, dissociation is defined as a “restriction of the experiences we allow ourselves

to have” (Stern, 1997, p. 87); as the processing of experience in certain tolerable ways, and not in other more anxiety-arousing ways.

The outline of dissociative process given above is central to the analysis of the data collected during the course of the research, as will be demonstrated in both analytic chapters (4 and 5). I now turn to an exegesis of the methodological approach which framed the collection and analysis of data in this study.

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CHAPTER 3

RESEARCH METHODOLOGY

That's how people live ... by telling stories. What's the first thing a kid says when he learns how to talk? 'Tell me a story.' That's how we understand who we are, where we come from. Stories are everything.

- Jeffrey Eugenides, *Middlesex*

In this chapter I provide a detailed account of the data collection procedure, the nature of data used in the research and the analysis of data. This account of methodology moves from a broad description of the tenets of qualitative research, to a specific focus on the elements of qualitative study applied in this research. I outline the epistemological and ontological basis of qualitative interpretive research, and then I describe the ways in which these concepts could be applied within the context of an interpretive phenomenological and narrative study. The method I am advocating combines phenomenological hermeneutics, narrative methodology and psychoanalytic case study methodology.

This study examines the process of trauma transmission in the context of the relationship between mothers and their children. The following research questions are addressed:

- 1) What is the nature of the trauma that the mothers in the study experienced in their childhood?
- 2) How is the trauma reflected in their parenting and in the relationship with their children?
- 3) What are the unconscious effects of the trauma on the mothers' relationship with their children?
- 4) What are the observable manifestations, as well as unconscious expressions of trauma, in children brought up by mothers who have a history of trauma?

3.1 A framework for qualitative research methodology

The methodological foundation of the qualitative approach emphasises the meaningfulness of human subjectivity (Terre Blanche & Kelly, 1999). Qualitative research attempts to engage with

this subjectivity through the means of interaction, conversation and relationship. I am working within this framework because I believe that the experiences I am attempting to uncover are rendered more meaningful through description. I aim to represent the lived histories of two generations of people through narrative, and believe that this can be done most effectively through eliciting, interpreting and re-voicing the stories of these lives. Qualitative research endeavours to describe a particular course of action, system of behaviours, or relationships between people and the world in which they exist. The term ‘qualitative’ refers to a unifying intent to describe subjectively-lived human experience (Valle & Halling, 1989). In relation to this, the data gathered in the course of a qualitative study is made meaningful through the researcher’s own self-reflective engagement with it (Giorgi, 1997).

Qualitative research has its ideological roots in the thinking of continental philosophers such as Edmund Husserl, Martin Heidegger, Paul Ricoeur and Maurice Merleau-Ponty. These philosophers introduced a range of research processes which were not restricted to positivist ideologies, and they saw interpretation as the process of locating the described experience within a specific subjective context. Through this, richer understandings of experience from within the participant’s lived world could be developed. The phenomenological concept *verstehen* is useful here. *Verstehen* denotes a felt subjective engagement with the lived experience of another, in which one subjectivity comes to know the depth of experience of another. This construction of qualitative research is reliant on the researcher’s empathic involvement and reflects the importance of the researcher’s own self. Parker (1994) describes the researcher in a qualitative study as “central to the sense that is made” (p. 2), and it is significant to note that this dynamic manifests differently depending on the specific methodological application of it within a qualitative interpretive technique.

3.2 Case study methodology

A defining characteristic of this research relates to the way in which each individual participant was approached. Case study methodology was applied, which is located within the qualitative-interpretive paradigm. The case study approach is an ideographic research method which involves intensive research with single individuals, and fits well within the phenomenological and narrative

methodological framework. The study of a personal narrative is fundamentally a form of case-centered research (Mishler, 1999).

As a psychoanalytically-oriented work, this research, and the researcher's place within it, is framed by an "empathic introspective observational stance" (Kohut, 1977, p. 309) and is an approach with a rich history in the psychoanalysis of trauma (Ulman & Brothers, 1988). This study applies case study methodology to a multiple case exploration, with the aim being to establish trends and patterns across cases. Topping (2006) observes the generally accepted notion that more than one case can be analysed in the exploration of a particular phenomenon.

It is important to note that case study methodology is problematic in terms of its definition and application. It is a trans-paradigmatic approach, and can be applied to a range of qualitative and quantitative techniques. This process enables a detailed and focused exploration of a particular phenomenon as it is lived by the person experiencing that phenomenon. It is known as the study of the 'particular' (Midgley, 2006; Rosenberg & Yates, 2007) and is applicable to the exploration and analysis of phenomena which are complex, contextualised and resistant to the kind of control and manipulation inherent in more directive methodologies. Van Wynsberghe and Khan (2007) observe that the past twenty-five years of research have offered a variety of definitions of case study research. In this study I endorse a contemporary working definition provided by John Creswell (2002). Creswell defines case study as "a problem to be studied, which will reveal an in-depth understanding of a 'case' or bounded system, which involves understanding an event, activity, process, or one or more individuals" (Creswell, 2002, p. 61). Creswell conceptualises case study research as an approach which engages with the layered, multi-textured quality of experience. The 'case' is defined as a system, emphasising the notion of internal relationships between the various parts which constitute that system. Such a definition engages with the depth of experience in a way that is applicable to qualitative psychosocial research and for this reason is an appropriate means of understanding case studies for this research.

Van Wynsberghe and Khan (2007) outline seven features inherent in case study research, six of which assist my application of this approach. Firstly, case study research requires the in-depth analysis of a particular individual or phenomenon, and so a very small number of instances of the

particular phenomenon are investigated. Secondly, case study methodology aims to generate for the reader a sense of experiential closeness with the individual or phenomenon. It is a contextual methodology, and as such is closely linked with narrative and phenomenological hermeneutic approaches. Thirdly, the methodology engages with the contextual embeddedness of experience. The aim is to approach the phenomenon in a manner which does not direct or construct the world in which that individual or phenomenon exists. With this in mind, the interviews in my study were governed by a principle of non-directiveness, in which broad, open-ended questions were asked that could encourage and facilitate a free and self-directed narrative.

The fourth feature of case study methodology which Van Wynsberghe and Khan (2007) outline is that of the boundedness of the phenomenon. This method is explored within a particular context that is spatio-temporally bounded. However, this feature does not fit well with my particular application of case study methodology, which engages with intergenerational phenomenon. In terms of boundedness, it could be suggested that the boundary within which this investigation is framed is a single relationship between two people. In this sense, the particular case being analysed is describable as, on the one hand, the phenomenon of the relationship between mother and adult child, and on the other hand, the people involved in the mother/adult child dyad itself.

The fifth feature of case study methodology connects with its appeal to multiple sources of data in an attempt to gain a multi-layered reflection of the phenomenon. In terms of the applications of this approach, the invitation to participants to provide written pieces from their own biographies, creative reflections of their lived experiences, and writing from family members who have a deep insight into their experience, reflect this methodological feature.

The final feature of current adaptations of case study methodology which Van Wynsberghe and Khan (2007) offer is that of extendibility. This speaks to the impact which case study methodology could have on the reader's experience of the phenomenon. The case study aims to analyse the essential constituents and internal system of relationships existing within a particular phenomenon and its surrounding context. Case study methodology aims to clarify this system of essential relationships in a manner which could enable and deepen the reader's understanding of the phenomenon and their relationship with it.

My rationale for working within a qualitative methodological framework in general, and a case study methodology in specific, relates to the desired aims of this project. My aims are to elicit descriptions of the impact of childhood traumatic experience on relational processes between the survivor generation and the second generation. The intensive, subjectivity-oriented focus of the case study methodological process enables the emergence of such descriptions. An ontology that stresses the significance of subjectivity to reality, and which emphasises context and integrity of the narrative as constitutive of reality, is most suited for my purposes. Case study methodology embodies such an ontology.

3.3 Narrative research methodology

The principles of the narrative approach to qualitative research shape it according to the investigative agenda of the research. Moen (2006) outlines three central claims about narrative research which are useful as a definition and description of the process. The first claim states that human beings organise their lived experience into narratives. Polkinghorne (1988, p. 1) describes narrative as “the primary scheme by which human existence is rendered meaningful” (Cited in Moen, 2006, p. 5). This suggests that the self-telling of a life history is also an act of organising that history, for interpretation by the narrator and the listener. Through this we see narration as a co-created event or process, driven towards making sense of, and creating meaning from, history (Järvinen, 2004).

Moen’s (2006) second claim states that the stories which are told are dependent on the individual’s past and present, their unique values, the recipients of the story, and when or where the stories are being told. Additionally, Sclater (2003) states that selves and stories are linked. It is through stories that we constitute ourselves as historical, relational, emotive and embodied beings-in-the-world. This formulation reflects the function of narrative to enable us to organise our experience and absorb that experience within our own narratively-constructed identity.

The third claim connects with the multivoicedness, or what Packer (1985) calls the “plurivocity”⁵, of stories. This notion suggests that the stories which we tell are an expression of a singular event,

⁵ The notion of plurivocity has been explored through the account of dialogical theory and the multiple self (Hermans & Kempen, 1993; Bromberg, 1998), in which the individual is seen as constituted by a variety of self states existing in flux with the intersubjective surround.

or series of events, but articulate a variety of different aspects of our being. Ihde (1971), following Ricoeur, refers to the multi-leveled nature of meaning. Within this ontological framing, narrative research attempts to gain access to the meaning which human beings ascribe to their experience and the ways in which they articulate that meaning through language. I subscribe to the premise that all human action is essentially dialogical in its nature (Buber, 1970; Bromberg, 1998; Friedman, 1988; Stern, 2002), and what draws me to the narrative method is its primarily dialogical character. This suggests that any action, whether listening or speaking, giving or receiving, writing, reading or thinking, occurs within a relational or dialogical context.

The following analytic principles ground my approach: Firstly, a narrative research procedure is a fundamentally dialogical one; in this sense it can be viewed as emphasising the intersubjective field – the space between researcher and participant. Secondly, the orienting attitude is one which upholds the subjectivity and intersubjectivity of the self and the relationship (Ogden, 1994). This formulation of the relationship acknowledges the process by which identity, or identities, emerge into being through the process of narration. Narratives promote the creation and maintenance of self within a relational space. The links between narrative research and a methodology grounded in psychoanalytic principles can be seen here. The focus is at its root a relational one, with both methods viewing the story as something told, experienced and enacted within a field which can be labeled interchangeably as intersubjective, relational, or dialogical.

A useful distinction is made by Hänninen (2004), who discusses narrative research in terms of the existence of three distinct narratives; *told* narrative, *inner* narrative, and *lived* narrative. The told narrative is a verbal communication of experience, as represented symbolically by the teller. The lived narrative refers to the immediate lived experience of the narrative; the drama, as it plays out in the individual's world. The inner narrative refers to the internal organisation of experience, as that organisation is influenced by one's relational history, culture, intrapsychic constitution, and identity. Within this inner narrative we consider causal relationships between self and history. We contemplate the self's own morality, understandings of the past and anticipations of the future (Hänninen, 2004). This inner narrative is thus of primary interest to this research, and I emphasise it primarily through the languages of phenomenological hermeneutics and relational psychoanalysis.

A final aspect of narrative analysis, associated with psychoanalytic and hermeneutic research, is the aspect of the analysis which involves the researcher's own self. Analysis of data within current narrative research endeavours emphasises the researcher's own emotional, empathic and subjective responses to the participant and the range of responses is an invaluable body of data (Greenhalgh, Russel and Swinglehurst, 2005). Hermeneutic phenomenology labels this dimension of the data as 'reflexive awareness' and identifies the role of the researcher as a container for the participant's experience, which he or she then approaches analytically from within his or her own self. I propose this element of the narrative process as the over-arching link between the different methodologies which I combine in this research.

3.4 Phenomenological hermeneutic research

This section of the methodology chapter aims to clarify a particular form of phenomenological research. It addresses the notion of reflexive embodied empathy by framing this as a primarily intersubjective and relational approach to phenomenological research. Following this, I move to a description of phenomenological hermeneutics as a qualitative methodology and the benefits of using this type of methodological tool.

3.4.1 Reflexive embodied empathy in phenomenological research

As an entry into an exegesis of phenomenological methodology, I shall begin by discussing an aspect of the methodology which is central to its application in this particular study; that is, reflexive embodied empathy. I shall then provide a broad framework of hermeneutic phenomenology.

The priority of reflexive self-awareness in the analytic process links narrative, psychoanalytic and phenomenological research. Finlay (2005) advocates a research process that is shaped by engaging reflexively with the "embodied intersubjective relationship" between researcher and participant. Working in a phenomenological frame informed by the thinking of Maurice Merleau-Ponty, Finlay promotes the body as a vehicle for expression and interpretation. In this she describes empathy as an emotional knowing and a felt, embodied, intersubjective experience. Finlay proposes embodied empathy as essential to a researcher's understandings of their participant.

Prior to notions of embodied empathic resonance, empathy as a psychic emotive process has been a focal point in the body of literature in this area. Empathy is articulated as a process which involves the emergence of another being into one's own perceptual field. This is followed by one imaginatively putting oneself in the place of the other (Finlay, 2003, 2005). Finally, there is a process of clarification, in which the other describes their experience and the researcher is able to come to a deeper understanding of that experience. This emotional and cognitive 'knowing' of an experience, suggests Finlay (2003, 2005), has come prior to notions of an embodied empathy in the theory and practice of research. Finlay advocates a model of empathy which takes the researcher's embodied intersubjective responses as an *a priori* form of emotional knowing. She stresses the importance of engaging with the hermeneutic phenomenological approach in a manner which emphasises the place of the body in coming to know an experience.

My thinking around the notion of empathy and the analytic process is informed by neo-Kleinian appraisals of empathy as a psychoanalytic construct. The specific neo-Kleinian interpretation of empathy which I use in this study is derived from the writing of Sarah Richmond (2004), who identifies a theoretic counterpoint between empathy and projective identification. Richmond quotes from Hinshelwood's (1991) discussion on the same topic.

When one talks of 'putting oneself in someone else's shoes', this is a description of empathy, but it is also a description of inserting a part of oneself, some capacity for self-perception, into someone else's position – in particular it is an experiencing part of oneself that is inserted in order to gain, in phantasy, their experience (cited in Richmond, 2004, p. 247).

The likening of empathy with projective identification reveals that psychoanalytic research necessitates a permeability of selfhood between researcher and participant. Richmond's conceptualisation of empathy as a 'being-in-others' provides a clear psychoanalytic foundation for an intersubjectivist methodology.

Finlay (2005) highlights the hermeneutic metaphor of *movement* in the research process, between parts and wholes, self and other, and between responses. In a research process which is guided by embodied empathy, there is an attendance to self and other; to the ways in which one resonates

with the body (the movement, the immobility, the weight, the tension and the pull) of another. There is also a focus on the impact which the other's body has on one's own felt sensation. Through the researcher's becoming aware of the ways in which their own body as psyche-soma interacts with the psyche-soma of the participant - a process known as inter-corporeality (Finlay, 2005) - we come to know the nature of lived experience. At the same time as manifesting a methodological closeness with hermeneutic phenomenology, Finlay's model of reflexive embodied empathy shares similarities with the psychoanalytic concept of counter-transference. This strengthens the case for a research methodology which combines phenomenological and psychoanalytic theory.

An important issue raised here is the conflation of the researcher/psychotherapist role. Methodologically, the approach to the human subject that I advocate is partially constituted by a duality of roles. The researcher is present in two modes; psychoanalytically-oriented psychotherapist (peripherally) and qualitative researcher (centrally). Developments in qualitative psychosocial research have seen a movement towards the primacy of relationship as the field of analysis, and with this we have seen the movement of the researcher closer to the participant. This trend has enabled a capacity for emotionally rich analysis in qualitative psychosocial research (Saville Young, 2009). In relation to this, the duality of the psychotherapist/researcher role is supported by the ways in which this facilitates the depth of the investigation.

I have used the concept of reflexive embodied empathy as a point of entry into describing the particular brand of phenomenology applied in this research, which combines narrative with hermeneutic phenomenological ideas. Willis (2004) describes this as a mutated phenomenology, and identifies in it a marriage between classical phenomenology and contemporary interpretive methodology. At its roots, phenomenology is a descriptive methodology, which aims to unearth the lived quality of human experience (Giorgi, 1970, 1975, 1985).

3.4.2 A framework for phenomenological hermeneutic research

The central axiom of the phenomenological approach, as articulated by Valle and Halling (1989, p. 6), frames phenomenology as "the rigorous and unbiased study of things as they appear so that one might come to an essential understanding of human consciousness and experience". Giorgi (1997)

describes consciousness as a system of self, world and body existing in co-relation. Phenomenology is directed towards describing the consciousness of self with the aim being to come to an essential understanding of the subjective meaning of human experience (Knaack, 1984), although, for the purposes of this research, not necessarily in an unbiased way. The bias is the researcher's own self and the interactions of this self with the self of the participant. I promote the bias of the researcher's self as one which adds to the meaning-making potential of this study. This has been defended by Spiegelberg (cited in Willis, 2004), who suggests that although the object of phenomenological investigation is the phenomenon itself, that phenomenon is a subject-related, not subject-dependent object. Giorgi (1970) adds the following on this subject:

We feel that within the context of the human sciences it is essential for the researcher to be present in a human way and not in a neutral way (1970, p. 131).

Polkinghorne (1989) echoes this sentiment and states:

Understanding experience merely as a mental projection onto the world (the idealistic fallacy) or as a reflection of the world (the realistic fallacy) misses the necessity of the person-world relationship in the constituting of experience (1989, p. 42).

In these contributions we see a phenomenological ontology and epistemology that is primarily relational. The phenomenon is experienced within the participant's intrapsychically and relationally constituted world. Contemporary interpretive methodologies emphasise the researcher's subjectivity as key to the research process. Spinelli (2006) identifies links between phenomenological inquiry and interpersonal psychotherapy, suggesting that both practices prioritise relatedness as a central mechanism. Spinelli (2006, p. 2) identifies what he calls a "coherent and cohesive inter-relation between the enterprise of phenomenological inquiry and the enterprise of psychotherapy". Qualitative research is therefore geared towards a non-reductionist understanding of human experience. Within this endeavour, the relationship between self and other, as well as between self and world, is central to the development of new meaning.

3.5 Research method: Data collection

This collection of data aims to generate narratives which can elicit relational and intrapsychic themes emerging on an intergenerational level. The primary requirement of the data was that it reveals connections, recapitulations and thematic links between the experiences of female survivors of trauma and the experiences of their adult children.

The data collection process involved an initial intake of the participants' histories. The purpose of this was to elicit a holistic history that reflected both the history of trauma as well as the broader context of the individual's range of lived experiences. It was important to seek information on the participants' full histories in an effort to avoid merely reducing each participant to their trauma. This was followed by a series of unstructured interviews, which were flexible, open-ended, and shaped as a *dialogue* between researcher and participant (Haggman-Laitila, 1999). Interviews were primarily conversational, and geared towards eliciting *nuanced descriptions* of experience, to use Kvale's phrase (1983). Hollway and Jefferson's (2000) psychoanalytic methodology frames such an unstructured and open-ended interview style as an attempt to elicit what is personally meaningful for participants. Hollway and Jefferson's (2000) free association narrative interview method, in which the participant is invited to story their experience from within their own frame of creative reference, provides a useful tool for psychosocial research, and was a guiding influence in my approach. The challenge posed by their method is to refrain from being too intrusive as the interviewer, with the underlying assumption being that conscious experience, and a less defended unconscious process, may emerge out of the openness created during the interview process.

The interview process was structured by interviewing mothers first and then their adult children. A full set of data relating to the mothers was then developed. Following this, each data set was analysed as will be outlined in the following section. This analysis enabled the development of frameworks for interviewing the children of these survivors. These frameworks were developed in order to guide the interviewing of the children, with a view to drawing links between the mothers' experience and their children's. The frameworks guiding the interviewing of the adult children were grounded in the analysis of the mothers' narratives insofar as the analysis highlighted certain themes in each participant. These themes were then explored in terms of the experiences of the survivors' children.

Interviews lasted between 50 and 90 minutes each, and continued until a point of theoretical saturation had been reached. Having said this, a particular trend emerged during data collection, which made theoretical saturation difficult to achieve. The adult children were more reluctant, or less able, to commit to the process than their mothers were. The implications of this for the research process were that it was difficult to elicit intergenerational themes on the part of two out of the six mothers.

The interview process was guided by certain central phenomenological maxims. Giorgi (1997) encourages broad and open-ended questioning, generating responses that are shaped by the participant and not the researcher. In the narrative lexicon, the process of open-ended questioning is referred to as the creation of a 'facilitating context', in which participants are encouraged to speak out the important moments of their history (Riessman, 1993). This style of interviewing invites the participant to construct their own story in a way that is personally meaningful. The usefulness of this data collection process relates to the quality of trauma narratives as seldom chronological and non-linear (Thompson, 1995). The unstructured nature of the interview enables participants to communicate experience in their own way. This therefore generates data that is an accurate personal narrative of experience, adding to the methodological rigour of phenomenological research.

The interviews invited participants to describe their experience of trauma in terms of how this experience has impacted, and is still impacting, on their relationships with their adult children. Through the data collection process I suggested the possibility that traumatic experience may influence the relationship between mothers and their children. I aimed to elicit this information by asking open-ended questions, as indicated in the outline of my research aims. Such questions included the following examples: "Could you describe your sense of the ways in which your traumatic experience has affected you since its occurrence?", and "I'd like to learn about some of the most difficult moments which you have experienced in your role as a mother. Could you tell me about this?" In addition to the above-mentioned reasons for adopting broad, open-ended questioning, I used an unstructured interviewing technique because this type of questioning style is invitational in its approach, and invites participants to give narratives of personal experience. This process is most applicable to the phenomenological imperative of locating subjective experience in

the lived world, and describing that experience in an honest, clear way. I emphasise here that the foundational focus of phenomenology is to return to “the things themselves” (Willis, 2001), and this type of research aims to describe the essential features of experience, as that experience is subjectively lived. Thus, such descriptions are focused on deepening our understanding of the complexities of lived experience.

In terms of securing confidentiality, the handling of tape-recorded and transcribed data is an important consideration. The tapes were converted to compact discs, which were stored in a locked room, and were not labeled with participants’ names. Tapes were then destroyed after the data was stored on computer. Once the research project was completed, hard copies of the data were destroyed, and only the secured electronic data remained. The research data was shared with the research supervisor, and so the participants’ confidentiality was breached in this case. However, this issue was broached with the participant in the contracting phase, in which the participant was asked to give permission in this regard.

With regard to the data collection process, I was concerned with three primary types of data which were collected in the research process. Firstly, I tape-recorded the participants’ verbal narratives and interviews were audio-taped. I observed participants closely, writing down observations of non-verbal communications as they occurred during the interviews. Tape-recording the interviews, which took place in conjunction with my written observations, enabled me to capture complex elements of the relational encounter between myself and the participant. Such aspects included body posturing, facial expressions, non-verbal expressions occurring during silences, and the placing of silences in the overall narrative.

A second consideration is the relationship between the mother and her adult child. Etherington (2004) emphasises the development of a relational model in social science research, stating that the interpersonal process is an important source of information. In this project I targeted unconscious processes that may manifest at the level of the interpersonal. In an effort to elicit such processes I reflected on ongoing interpersonal processes emerging in the interviews. With respect to this, Brown (2006) views the transference/counter-transference dynamic as an epistemological tool, which can facilitate the research process. As I have suggested, attending to the relational dynamic

between researcher and participant aims at revealing unconscious processes. With regard to this agenda, the adoption of a reflexive approach to the research interviews was central to the process itself. Gadd (2004) comments on reflexivity in research, stressing the researcher's personal, subjective engagement with the narrative. Reflexivity is a constant introspective process that is becoming increasingly significant in psychoanalytic and phenomenological hermeneutic research (Brown, 2006).

The final type of data collected in this study included any written expressions such as letters or diaries, which were used with the participants' consent. Participants were asked to consider their relational experiences specifically, as explored in the interviews, and to provide written narratives of these experiences. In the analytic process the written expressions were treated in the same way as the spoken narratives. Letters, poems and short stories were approached as personal narratives of lived experience, and were analysed using the narrative and phenomenological hermeneutic research methods. The collection of data, as it was structured around the three primary foci described above, involved collaborations between researcher and participant. Within these collaborations, data can be given in the form of field notes, journal writing, storytelling, letter-writing, auto-biographical writing, photographs, and the researcher's own observations. The motivation behind using such creative expressions as part of the research data is that they could provide insight into the participants' more private thoughts and feelings, which may be defended against in the interview context. Handy and Ross (2005) suggest that written narratives allow the participant to provide focused, self-reflective personal narratives, enabling the analysis by yielding deeply contemplated information.

3.6 Analysis of data: Narrative and phenomenological hermeneutic interpretation

This section aims firstly to describe the theoretic orientation upon which the analytic process was founded and secondly to demonstrate the details of the analytic process and outline the structure of the analysis.

3.6.1 Foundation for an analytic orientation: Narrative and phenomenological hermeneutic interpretation

The data analysis in this study involved an integration of hermeneutic phenomenological and narrative approaches. Analysis occurred partially in the interviews, in the exchange between

researcher and participant. I reflected on the participants' descriptions in the interview, sharing my interpretations with the participant as they arose. I then asked the participants to state whether they felt that their experience was accurately reflected by my interpretations. Moustakas (1994) describes this process of *intersubjective validation* as an interchange of ideas, perceptions, feelings and judgments between researcher and participant. This process aligns itself well within the narrative research method outlined by Moen (2006), who stresses the importance of arriving at a joint, intersubjective meaning within the context of the researcher/participant dialogue. This interchange is an analytic process occurring in the interviews which aims to clarify the participant's lived experience, and supports the phenomenological return to *the things themselves*. The dialogue between researcher and participant is structured as a search for the essential features of the participant's lived experience, and is a tool which resembles psychoanalytic and phenomenological praxis (Tubert-Oklander, 2006).

Beyond interpretations occurring in the interviews, data collected during the interviews, as well as written narratives, were analysed using hermeneutic phenomenological and narrative techniques. Interpretations were informed by foundational concepts drawn from relational psychoanalytic, object relations, attachment theory and trauma theory. The following hermeneutic phenomenological principles structured this analysis: Hermeneutic phenomenology provides a useful concept known as *immersion* which informed this investigative process. It is important to immerse oneself in the lived world of the participant. Such immersion involves the researcher asking him or herself what it may be like to feel from within the participant's experience, what emotions the researcher might feel were he or she living inside the participant's world (Conroy, 2003).

To the extent that the analysis is an internal process taking place within the researcher's own self, hermeneutic phenomenology, in line with psychoanalytically-oriented research, requires that the researcher engage with those internal processes which influence the analysis. The researcher's dominating psychic defences which include coping mechanisms, anxieties and relational history form part of the inner world from which the analysis grows. These factors need to be acknowledged within the analytic narrative and described in a manner which reflects their potential influence on the analysis. I view this particular aspect of the hermeneutic process as fundamental,

as it prioritises both the researcher's and the participant's location within a history of emotion, cognition and relation, and observes the interactions of these histories within the analysis.

One final aspect of the hermeneutic process which needs clarification is that of *incubation*, in which the researcher holds the collected narrative internally. This involves a hermeneutic dialogue in which the researcher stays close to their own reflective awareness of the narrative, of how they are influenced by it, and of their own feeling response to it. Conlan, cited in Willis (2004), uses the metaphor of incubation to describe this. This image incorporates a representation of something contained, connected to that within which it is contained, and growing within that contained space. This provides an interesting metaphor for the researcher's holding of the narrative. The process of incubation is facilitated primarily by the researcher's creative use of the stories. Writing, re-writing, breaking apart and re-integrating the narrative, all forms part of the hermeneutic dialogue, and enables the creation of new meaning.

As a final comment on the qualities of a hermeneutic phenomenological analysis, I return to Merleau-Ponty's (1948/68) existential philosophy. Dahlberg (2006) comments on the notion of the interconnectedness of human existence. Merleau-Pontian ontology views the individual as intimately related to the social world, with 'self' and 'world' being co-constitutional. All experiences, thoughts, sensations and phenomena are "caught up in the fabric of one sole being" (Merleau-Ponty, 1948/68, p. 10, cited in Dahlberg, 2006, p. 2). This connectedness of self with world is a tacit presence, which can be known implicitly, and re-created in language. A process which is driven towards illuminating the unspeakable, unthinkable nature of traumatic rupture has at least this knowledge to work with; that all things experienced by one human self can become realised in the mind and heart of another through the connectedness that binds them.

3.6.2 Analysis of data: A description of narrative and hermeneutic phenomenological analysis

I have described the theoretic underpinnings of narrative and phenomenological hermeneutic methods in the previous section, taking into consideration the integration of this method with a psychoanalytic orientation. An analytic focus involved the examination of narratives which expressed participants' reflections on the traumatic experience, exploring these narratives in terms

of their chronology and structure. It was considered important to focus on the ways in which the trauma is told; whether in a coherent or fragmented manner. The ways in which language is used by the participant was given particular attention, emphasising each individual's particular symbolic representation of their trauma.

The analytic activities involved in this process unfolded as follows. As stated, my analytic approach is primarily a triangulated one, and my attentions are therefore focused on maintaining an integrated and unified methodology. With this in mind, certain aspects of the analytic process which I shall now outline were considered less useful, and so were not included in the final analysis. Polkinghorne's (1988) formula for narrative analysis structures the process quite neatly, although for my purposes was not applicable in its entirety. Polkinghorne's process begins with a series of unstructured interviews which are followed by listening to the data to gain a general sense of the story being told. Polkinghorne recommends that the researcher moves towards an understanding of the narrative as progressing from a beginning to an end. This focus is relevant insofar as it captures the participant's own sense of where they are in their current lived world and it centralises the end-point of the story as the place where the participant is in the here and now. This step in Polkinghorne's method leads into the next, which is to identify connections within the narrative as a whole, between events, processes, periods, people and internal representations of self and other.

The final step in the process focuses on generating meaning and order out of the story. This takes place through the writing of a new narrative which fuses the participant's meaning with the new meanings, insights and theoretic perspectives of the researcher (Casey & Long, 2002). A more phenomenologically informed analytic process would advocate the identification and naming of key themes within the narrative (Knaack, 1984). Such themes relate to the participant's relational experiences, defences, mood states, and interpretations of their narrative. The identification of themes is an aspect of phenomenological analysis which I am fusing with a narrative method in this study.

The analytic process of hermeneutic phenomenology is structured by, on the one hand, bracketing off the assumptions which may misshape my reading of the data, and, on the other hand, creating

an interpretive context in which to locate the information (Willis, 2001). The goal of hermeneutic phenomenological exploration is to communicate the participant's lived experience and this type of inquiry investigates lived experience as it is structured through language, and views written or spoken text as analogous to human action (Packer, 1985). Interpretive phenomenology resists a step-by-step analytic process. Analysis, or interpretation⁶, occurs rather as an interplay between various activities. These include being committed to a pervading concern for the research process; investigating the experience as it is immediately lived; reflecting constantly on emerging themes; describing the experience through repetitious readings and writings; maintaining a strong orientation towards the research question, and balancing the research context by considering relationships between themes and the narrative as a whole (Hein & Austin, 2001). This process occurs in relation to the researcher gradually moving from full immersion in the data, to a more distanced position. Immersion in the data, through repeated reading and writing about the data, allows the researcher to come to fully know, and visualise empathically, the nature of the experience. This immersion gives the researcher the opportunity to imagine the multiple meanings which could emerge from the data (Kahn, 2000).

Finally, I analysed nonverbal, embodied expressions in terms of their relation to the verbal narrative. The focus here was to articulate the affective messages spoken through the participants' bodies, that is, to articulate the unformulated experience. The position of reflexive embodied empathy (Finlay, 2005, 2006) informed my interpretations of the participants' nonverbal expressions. I reflected on participants' gestures, postures and facial expressions and attempted to elicit what was being communicated through the body.

3.6.3 Analysis of data: The application of psychoanalytic theory to qualitative research

Psychoanalytic concepts informed my reading and analysis of the data, constituting the interpretive framework of the analysis. In my construction of the application of psychoanalytic theory to qualitative research, I draw on ideas of the hermeneutic phenomenologist Paul Ricoeur, who defines psychoanalysis as an interpretive hermeneutic process. Ricoeur views psychoanalysis as a mode of storytelling which is similar to the analysis of a literary text (Frosch, cited in Lees, 2005).

⁶ I use the word *analysis* and *interpretation* interchangeably. This is a deliberate conflation of these terms, and is intended to reflect the similarity of praxis between psychoanalysis, as a treatment, and hermeneutics, as a philosophy and interpretive methodology.

The metaphorical constructs of psychoanalytic theory enable the re-telling of a story, shaped by the relational context of the analytic encounter, as well as the theoretic constructs used to integrate and give new meaning to the story.

The primary focus of the psychoanalytically-informed analysis was on the participants' intersubjective experiences which are considered in relation to their traumatic pasts. I target specific experiences such as feeling abandoned, feeling abused, feeling isolated and feeling fearful. These experiences are explored firstly in terms of the mothers' histories, secondly in terms of the children's current experience, and lastly in terms of the ways in which the mothers' histories may shape their parenting of and relationship with their child. Psychoanalytic concepts which clarify defensive processes are used in the process of interpreting the relational narrative (Hollway & Jefferson, 2000). Among such defences, dissociation is considered to be central. Hollway and Jefferson propose a basic hermeneutic approach to the data which accounts for the relationship between different elements of the narrative. With this in mind, each participant's narrative was approached holistically, attending to the ways in which the various elements relate to one another, and to the broader relational context.

Hollway and Jefferson (2000) provide theoretic support for the type of triangulation which I use to structure my analysis. The integration of narrative, phenomenological and psychoanalytic research is well-suited for a study exploring unconscious/representational processes and internal representations of self and other. These authors emphasise the importance of reckoning with the self as a defended self, guarded by intrapsychic defensive processes. With this in mind, the language of psychoanalysis is proposed as a fundamental tool, enabling a deeper reading of the story told. Psychoanalysis allows us to probe the deeper layers of experience, and is ideal for research of this nature, which attempts to clarify links between unconscious and relational/behavioural processes (Kvale, 1999; Day Sclater, 2003).

3.7 On methodological triangulation

Methodological triangulation is the use of two or more methodological research methods within the same study. The three collaborative approaches used in this study need to be applied in a way that promotes an integrated methodology which manifests internal consistency and cohesion. This

integration needs to take place at the level of the data collection and the level of the foundational principles guiding phenomenological hermeneutic, psychoanalytic and narrative research procedures. At the level of the data collected, it is apparent that narrative data manifests in various forms: spoken language, written language, prose, poetry, formal documents, and autobiographies. Complicating the data is the fact that it manifests as richly historical, deeply embedded in the present, as well as being anticipatory reflections of a future. The role of the researcher as integrator of these various types of expression is therefore crucial. It is suggested that this integration can take place through reflecting with the participant on one's own immediate understandings, interpretations, or readings of the participant's story. Questions are asked about the historical, emotional and relational context behind a particular story-line. Such questioning is structured as a process of integration, and functions to establish the participant's meaning which they make out of their lived experience.

Denzin (1970) emphasised the notion that a mixed-method approach eliminates the possibility of a biased data collection and analysis process, and improves the overall validity of a study. The use of two or more methodologies, in which there is an internal disparity within the research at the level of research design, enables completeness in the research process and confirmation of findings. Triangulation can be seen as a kind of quality control, ensuring a degree of scientific rigour by accommodating for the methodological gaps inherent in any one method (Blaikie, 1991; Casey & Murphy, 2009). This being said, it is also a space of deep complexity, potential methodological incongruity and uncertainty. This uncertainty arises out of the notion that different methodologies come with diverse sets of ontological and epistemological assumptions, which may be incommensurate and therefore ill-suited to simultaneous application.

The assumptive framework which unites the methodological approaches combined in this research can be defined as broadly interpretive. The act of coming to know human experience is characterised within this paradigm as a process of interpretation. Knowledge is derived from the interpretation of the ways in which an experience is meaningful for a particular individual (Blaikie, 1991). The generation of knowledge within the interpretivist paradigm is grounded in the intersubjective or dialogical nature of the investigative process and is a feature which instantiates the primarily relational quality of interpretivism, ontologically and epistemologically. With

respect to this, it can be seen that a methodological triangulation which incorporates narrative, phenomenological hermeneutic and psychoanalytic case study approaches finds its integrity in the assumptions which bind these methodologies.

The methodological triangulation which I adopt is a within-method triangulation, in which different forms of qualitative investigation were utilised (Denzin, 1989; Casey and Murphy, 2009). In terms of the design of my research, the different methodologies are applied sequentially depending on the particular phase of data collection and analysis. Casey and Murphy (2009) give a clear account of some of the potential problems of methodological triangulation and offer suggestions to overcome these difficulties. Several of these suggestions include the necessity of the researcher to clearly state the rationale for using triangulation, the use of a focused and appropriate research question, and a statement of how triangulation contributed to the outcome of the study as a means of promoting completeness and confirming key findings. In the section that follows I respond to each of these suggestions with a view to validate the specific application of methodological triangulation in this research.

Firstly, in terms of my rationale for using methodological triangulation, I consider the depth of information required and the depth of the analysis of that information, to warrant the use of triangulation. Narrative and phenomenological hermeneutic methodologies effectively engage with the same process; that of telling a story, or describing an experience. What hermeneutic phenomenology lacks in terms of considerations of plot, narrative features and the construction of self through story, narrative analysis lacks in terms of attention to the immediacy of lived experience and the texture of that experience, as it is felt by the individual. These two approaches engage with the data collected in a substantively different way, which can effectively be described as, on the one hand, the quality of an experience (in terms of hermeneutic phenomenology) and on the other hand, the embodied and linguistic structure of that experience (in terms of narrative analysis). Attention to both of these levels of analysis is considered vital, given the depth of analysis required here. Finally, conceptualising this research as a psychoanalytic case study, in other words as a case study methodology which is framed by the use of psychoanalytic concepts in order to create meaning, is essential to ground the analysis in theory. Given the intergenerational and relational focus, it is important to link the analysis with existing theoretic constructs which

clarify such processes as psychosocial development, intersubjective experience, attachment, and of course traumatic experience which exists in the context of the primary relationship.

The second aspect which needs clarification, as stated by Case and Murphy (2009), relates to the statement of a focused and appropriate research question. I understand this to mean two things; firstly that the aim of the study must be clearly stated, and secondly that the questions asked must be consistent and focused. The aim of this research has been clearly mapped out, and was described clearly to all participants. In terms of the research questions asked during the course of interviews, this is somewhat more ambiguous. Transcripts of interviews (Appendices A and B) will show that the research questions were consistent to a degree, but were staged in different language styles depending on the participant, and the nature of the interaction between participants. The questions were consistently aimed towards eliciting particular kinds of information, which could then be applied effectively to the triangulated analytic process.

Finally, in response to Casey and Murphy's (2009) suggestions regarding securing the validity of methodological triangulation in a particular piece of research, I consider the application of a case study methodology to hermeneutic phenomenological and narrative processes to be particularly effective. The case study aspect of the research was successfully incorporated as a means of quality assurance, with respect to the fact that analysis of data collected within this framework is focused towards a deeply nuanced and experientially close analytic narrative of the lived experience of a single individual. Case study methodology emphasises the lived experience of a single individual, or a single unit which, in the case of this research, are two individuals; a mother and her adult child. I have chosen to engage with six cases in total, to enable the correlation and confirmation of key findings, and to identify the links between particular disparities in each case's experience.

3.8 Ethical considerations for research into the intergenerational transmission of trauma

Had I the heavens' embroidered cloths,
Enwrought with golden and silver light,
The blue and the dim and the dark cloths
Of night and light and the half-light,

I would spread the cloths under your feet:
But I, being poor, have only my dreams;
I have spread my dreams under your feet;
Tread softly because you tread on my dreams.
W.B. Yeats – He wishes for the cloths of heaven

In my approach to this discussion of ethical issues I consider two primary ethical concerns. Firstly, I explore the implications of using psychoanalytic concepts to structure this research. The dual role of psychoanalytically-oriented psychotherapist and researcher needs careful management, as it represents a potential ethical complication. Secondly, I outline concerns which emerge in qualitative inquiry into the subjective experiences of the trauma survivor.

3.8.1 Psychotherapist as researcher: The ethical management of duality

Psychoanalytically-oriented research is conducted by a researcher whose interests relate to their practice as psychoanalyst or psychoanalytic psychotherapist. Long and Eagle (2009) observe that the participant does not perceive this duality of roles. The trauma survivor may view the participation as an opportunity to speak out their experience and aid in their recovery. Long and Eagle elaborate on the multiple nature of the researcher's role, observing the implications of this for the participant and for the ethical rigour of a particular study. Long and Eagle (2009) identify the ethical tension that comes into being when one's identity as researcher becomes conflated with one's identity as psychotherapist. The authors stress that a researcher who is trained as a psychotherapist may be primed to respond to the participant in the context of interviews in a manner more aligned with their identity as psychotherapist. The recommendation is that the researcher makes the division between researcher and psychotherapist known to the participant.

Two aspects of Long and Eagle's (2009) discussion are relevant to my own ethical struggles in this study. The first point relates to the notion of intervention. In the context of a psychotherapeutic relationship, the patient implicitly expects of the psychotherapist that he or she will facilitate the patient's growth. However, the research interview is merely a data gathering exercise. Additionally, the participant in trauma research may enter the process with an implicit assumption that the research process will help them. Of the six mothers involved in the study, three

communicated a need for support. I referred two of the participants to a clinical psychologist who had been identified prior to the commencement of the study. Apart from this, I acknowledge that I felt this tension, and was aware of my role as researcher as being somewhat complicated by the participants' need for me to give care, as opposed to being a recipient of their narrative.

A second consideration in this study links to Long and Eagle's (2009) discussion of the concept of containment in the interview context. The authors describe containment as a process by which the therapist receives the patient's projections, digests them, and reformulates them as an interpretation for the patient which is integrated and used as a mutative experience. In the context of the psychoanalytic relationship, such containment concerns the emergence of unbearable anxieties, fears and unpalatable emotions, which is the therapist's work to endure and translate. In research interviews it is possible that defences may be mobilised within the participant, relating to the intersubjective context. The researcher may therefore find him or herself in the position of analyst, having to contain the feelings of rage, fear, loss and ambivalence which such mechanisms could invoke. It is suggested that a clinically-trained psychoanalytic psychotherapist may be more able to respond ethically to the kind of relational enactments which this instantiates.

3.8.2 The ethical problematics of trauma research

There are a number of ethical considerations that need to be taken into regard with trauma research. Primarily, interpretive phenomenological trauma research attempts to develop an understanding of an experience that resists knowing. The trauma survivors' struggles to know the experience for themselves complicates the research process. This creates an ethical tension regarding the extent to which it is possible to represent an 'unrepresentable' experience. The aim of the analysis of data in this study is therefore to reveal the experience to the extent that it is possible. A portion of the experience will remain unclaimed and unclaimable.

Thompson (1995) addresses concerns relating to the following aspects of trauma research: identification and over-identification, boundary maintenance, narrative processes and transference. A key consideration is the notion of the researcher who, by virtue of having lived through trauma of their own, could identify with the participant's narrative. The potential complication here is the researcher's over-identification with the experience, to the extent that the analysis becomes tinged

with the researcher's own personal narrative. This is a potential conflict which forms part of the supervision process. In relation to this concern, the research supervisor's reading of the analysis manifests as an external analytic regulation.

Thompson also raises the issue of the researcher's disclosure of experience as being facilitative of the research process. In my navigation of this research process I attempted to disallow my own experience of relational and more specifically attachment trauma from entering the analysis. This would be invasive and potentially disruptive of the relational encounter. Having said this, I echo the importance of Thompson's (1995) emphasis on the researcher's potential to identify closely with the participants, with reference to his or her own lived experience. It is essential that the researcher keeps in mind his or her subjective likeness with the participant. Thompson (1995) suggests that it is important to research something of which you have at least some subjective understanding.

Such identifications as may exist between researcher and participant need to be held in the researcher's continuous reflexive awareness, and need to be engaged with as part of the constant dialogue within the researcher, as he or she negotiates the analytic process. The dialogue between the researcher's and the participant's experiences, and the impacts which this dialogue has for the analysis, shapes the research process as uniquely psychoanalytic in its orientation. Having lived through a particular kind of attachment trauma is a feature of my own personal narrative which, although complicating the data collection process, may enable an ethically rigorous interpretation.

A related issue concerns the notion of the researcher's otherness in relation to the participant as generating an ethical tension. As a man, my lived experience is qualitatively different from the majority of my participants; as a white man potentially more so. As a child of two married parents, raised in a suburban home with one brother and one sister, all considering ourselves to be nuclear in the common sense of the word, I am unlike certain of my participants. As a homosexual white man, raised in a conservative, Methodist environment, and educated at a private Methodist college, it could be suggested that I am quite substantially removed from many of my potential participants. This distance, culturally, linguistically and phenomenologically, could be disruptive of my potential to interpret the participants' narratives. I am articulating these differences here and

acknowledging their potential impact on the analysis and on the ethical rigour of the study. In response to this concern I am only able to say that I cannot be other than who I am. At most, I am able to construct an interpretation which, albeit generated from within the imaginative potentials of a specific kind of person, is as strong as it can be, given my limitations on knowing. Such limitations are only negatively impactful to the extent that they remain unacknowledged by the researcher. My acknowledgement of the various ways in which I cannot possibly understand and know, is an attempt on my part to uphold ethical rigour.

Griffin, Resick, Waldrop and Mechanic (2003) explore various concerns relating to engaging with victims of trauma in human science research. Firstly, the interview is potentially emotionally distressing, and so the researcher holds a dual responsibility, as part researcher and part therapeutic ally. As a registered clinical psychologist, I possessed the necessary skills to provide support and containment to the extent that it was required, given the boundaries of my role as researcher.

A second ethical issue relates to the highly sensitive and personal nature of the information being sought. I attempted throughout to be sensitive to how painful it may be for participants to describe their traumatic histories. Having said this, the nature of the interview process was such that feelings of anger, sadness, anxiety and fear were evoked. When such feelings were evoked I judged, based on clinical skills developed as a psychotherapist, whether or not it felt safe to continue with the interview. It was a concern of mine that participants, for the sake of being compliant and helpful, would endure more distress than was psychologically healthy. With this in mind it was important to maintain a consistent but non-invasive control over the interview process, in which I monitored the intense emotional states in the participant. As the research process was supervised by a senior member of the affiliated psychology department, herself a clinical psychologist, I was guided with regard to securing the participants' safety needs throughout the data collection process. The process of supervision included providing the research supervisor with transcripts of interviews. This assisted in securing an ethically sound mode of conduct in the interviews. This could be viewed as a process of peer supervision, in which I consulted with my research supervisor regarding the ethical rigour of the research process.

In terms of creating a support network for myself as researcher, as well as for the participant, I asked three clinical psychologists to offer their services, should this be required. The information regarding the supervision of the process, the services of a consulting psychologist, and the potentially distressing nature of the interview process, was made clear in the contract agreed on and signed by researcher and participant (See Appendix I).

This dissertation emphasises the importance of providing the survivor of trauma with an opportunity to narrate their experience in a meaningful way. It is suggested that this focus should characterise the exploratory agendas of trauma research. Kaminer (2006) suggests that narrating traumatic experience could facilitate a healing process in survivors and this author emphasises the need for survivors to tell their stories as a way of recovering from the psychological consequences of living through their trauma. Herman (1992) describes the process of eliciting trauma narratives as a necessary reconstruction of the traumatic experience. She suggests that narrative research into trauma enables the reforming of traumatic memories, which are initially static, fragmented and constant, into memories which are integrated and coherent. This reforming, Herman suggests, happens in the company of the researcher, who she describes as a container and a witness. It is with reference to this internationally accepted and reputed scholarship that I propose my research as ethically sound.

Notwithstanding this statement regarding the potential value of trauma studies in relation to their potential ameliorative impact on the survivor, it is important to acknowledge the dilemmas confronting the ethically conscious psychoanalytically-oriented trauma researcher. A concern debated by Aron (2000) is that of informed consent and the issue of disclosure of confidential information. Aron describes the subject of analysis in a psychoanalytic case study as being substantively constituted by shame and guilt in relation to interpersonal and intrapsychic conflicts. Further to this, the narrative is given within the context of a complicated research relationship. The survivor's narrations of suffering may be given within a relational atmosphere of feeling coerced into sharing. This coercion could grow out of the power dynamic between researcher and participant, or a particularly coercive style of questioning. Aron (2000) considers the experience of feeling coerced, exploring its manifestation as an aspect of the transference/counter-transference dynamic. It seems unlikely for a participant to give full informed consent to the disclosure of such

information as relates to their own unconscious processes. This I view as an important ethical complication when writing a psychoanalytic case study.

As a final statement on the ethical rigour of this study in particular, I would like to echo Walker's (2007) sentiment regarding the value of the phenomenologically oriented method of data collection. Walker emphasises the notion that phenomenology engages with the unique, private, experientially-specific lived world of a human being. This endeavour is intentionally focused towards the creation of a body of data which upholds the authenticity and integrity of the participant's experience. The unique nature of phenomenological inquiry is proposed as facilitating an ethically sound approach to lived experience, by virtue of such an inquiry's attempt to show that experience authentically. I believe that this is an ethical imperative in any piece of social scientific research, and support the phenomenological method as primarily enabling this.

CHAPTER 4
DESCRIPTIVE ANALYSIS OF DATA

PART 1

4.1 Introduction

The analysis of data is grounded in a broadly narrative method which has a rich history in psychological research (Packer, 1985; Polkinghorne, 1988; Day Sclater, 2003; Järvinen, 2004; Moen, 2006). The descriptive analysis in this chapter provides insight into the mothers' experiences of their trauma and of their parenting on the one hand, and their children's experiences of their relationship with them on the other. Although I have condensed the original narrative into the units of analysis presented in this chapter, I have tried to maintain the essence of each participant's story verbatim. The condensing of the narratives into thematic units is an analytic process derived from Polkinghorne's (1988) narrative method and Giorgi's (1970, 1975, 1985) and Knaack's (1984) phenomenological method. This condensing of the narrative followed multiple readings of the data. I then extracted particular sections which related specifically to the research questions outlined. These sections were read in the light of their meaningfulness in relation to a particular theme. I was then able to engage with the variety of ways in which a particular theme was being communicated through the narrative. Following this I began the process of writing down initial reflections, firstly on my subjective, embodied and relational experience of participants, and secondly on my initial hearing of their narrative. These initial understandings were framed as early reflections informing the direction of the analytic process. Appendices C and D provide examples of how this process took place, and provide an important point of reference for the reader's approach to the analysis of data. Narrative considerations emerged at this point, with respect to the tone in which the story is told, the specific words used, and the narrative structure of the story, observing such aspects as linearity, gaps in the narrative and narrative idiosyncrasies (Hein & Austin, 2001).

The movement from the narratives of each participant to a condensed thematic analysis was guided by decisions regarding the parts of the narratives which constituted the foreground and background

of the data. This process was shaped by asking particular questions relating to the stories of mothers and their adult children.

4.2 Background information and descriptive analysis of the mothers' and adult children's narratives

In this section I shall introduce each participant, detailing participants' histories in terms of basic biographical information, family, education, socio-cultural background, and the nature of their traumatic experience.

4.2.1 Rahel and Sofie's story

Rahel is a 50-year old Muslim woman with post-graduate training in secondary school education. She has been married for 27 years. During this time she has been an active mother and wife. She is currently engaged in an adult community education program. Rahel's history of trauma relates to her experience of being verbally, emotionally and physically abused by her mother. She described feeling disliked by her mother, feeling emotionally abandoned and hated by her. Her mother punished her by isolating her from her father and siblings, forbidding them from speaking to her. Rahel was the only one of her four siblings who suffered abuse, and she suggested that she was the "pioneer in asserting all their rights with devastating consequences". The following are two descriptions of the kind of abuse which Rahel endured.

I was diagnosed hypothyroid. I used to collapse and my mother used to kick me. She used to get so frustrated because I hadn't become this perfect child, and she used to kick me.

I used to love poetry and sometimes there were poetry readings. And my head would be bashed against the wall because I asked to go out you know. But I have absolutely no recollection of it. And all of them would just watch, and it affected them so much. They (Rahel's siblings) couldn't come and help because they were told not to come near me, and that's when I was banished to my room. And no one would speak to me for months.

It is important to note that Rahel's knowledge of the experiences described in the above passage comes from the recollections of her siblings, who witnessed the events. It was only in Rahel's

adulthood that she came to know of these experiences, when her siblings told her. This fact has important implications for the analysis of Rahel's narrative, considering the role of memory and the survivor's narratives of their traumatic history.

In terms of Rahel's family relational experience, past and present, she described having always suppressed her needs, focusing on the needs of others. She described being quite controlled and emotionally repressed, having to function consistently well so as to meet the needs of her family, extended family and community.

I shall include the interviews conducted with Rahel's daughter Sofie in this analysis. Sofie is Rahel's 23-year old middle child doing her post-graduate studies in architecture. All Rahel's daughters, age 16, 23 and 26, live at the family home. Although the children live with their parents, they described themselves, and were described by Rahel, as independent people living separate lives. Sofie is included in the analysis primarily because she demonstrated greater willingness to engage with the interview process than her sisters. She nevertheless struggled to engage comfortably with the researcher and the interview process.

Sofie described a balanced, healthy and close relationship with her mother. She told me that she is well attuned to her mother's emotional experiences, and responds sensitively and empathically to her. Sofie described a feeling of anxiety which is evoked in her when Rahel experiences painful emotions, and suggested that she struggles to engage with Rahel at these times. Sofie's enduring experience of her mother is, however, a positive one, as can be seen through her descriptions of Rahel as a loving, attentive and considerate mother.

Sofie described having a vague knowledge of her mother's history of trauma. She suggested that she knew that Rahel's mother was "sexist", and that this may have impacted on her treatment of Rahel. The full extent of Rahel's experience of abuse was, at the time of the interview, unknown to Sofie.

4.2.2 Anne and Jonathan's story

Anne is a 55-year old Jewish woman whose mother fled Germany, coming to South Africa in 1946 after having survived the Holocaust. She has been married for 35 years, and told me that she experiences her husband as supportive, compassionate and loving. Anne's history of trauma relates to repeated experiences of sexual abuse. She was abused repeatedly by her father. Added to this, Anne's parents owned and resided in a hotel in their local town, and she was sexually abused by male guests.

At the age of 7 Anne left home to attend boarding school. She was only able to visit home infrequently, and spent a significant amount of time away from her mother, enduring painful feelings of separation. When Anne was 18 years old her mother, to whom she was extremely close, died in a car accident. Her father was an alcoholic and was emotionally volatile when inebriated, sometimes being physically aggressive with Anne's mother in her presence.

Anne described a history of depression and anxiety, for which she sought psychiatric and psychotherapeutic treatment. She has self-mutilated in the past by scratching her skin to the point of bleeding, and hitting herself on the head with blunt objects.

Jonathan is Anne's 24-year old son, currently reading for a degree in economics. Jonathan described himself as a gregarious person who has healthy relationships with friends. He suggested that he feels quite independent within his family system, at the same time as feeling strongly attached to his family. Jonathan lives in his parents' home, and described this as an experience in which he feels able to live an independent and separate life, whilst receiving the nurturance and care that his mother gives him. Jonathan described himself as a very balanced person, and attributed this to the close and supportive relationships existing in his family. Jonathan told me that he had no knowledge of his mother's history of trauma until he was 15 years old, at which time Anne began to behave in ways which upset Jonathan, and caused him to ask questions about her past. To date, Jonathan has not been informed about Anne's sexual abuse.

4.2.3 Margaret and Michael's story

Margaret is a 45-year old, recently divorced Coloured⁷ woman, who has two sons age 15 and 18. She has a tertiary education and works in finance. Margaret's traumatic history took place within the context of her immediate family. She is the third born of six children, having four brothers and one sister. Her eighteen-month younger brother (who I shall name Paul) was autistic, and often became violent and aggressive towards her. There were no attempts by her parents to restrain Margaret's brother's aggression, and she lived in fear of his aggressive outbursts. Added to her constant feelings of fear of her brother was Margaret's mother's abusive treatment of her. Her mother was an alcoholic, and showed no warmth or feelings of love for her. Margaret described her mother as threatening, aggressive and unloving, and suggested that the daughters received the abusive treatment to a far greater degree than the sons. The following passages, taken from the interviews, provide an indication of Margaret's experience of her mother.

She was extremely moody and very aggressive. When we used to come home from school we used to be very wary when she got home because we used to be very concerned as to what kind of mood my mother was in, because she could have been drinking. Depending on what was happening. So in the beginning of the week you'd be a bit wary. The rest of the week she could be in an amazingly wonderful mood, or she could be *very very* angry!

As far as possible ... stay out of the way. You behave yourself. You do whatever she wants you to. And you try and get out of there as fast as possible.

She wished that we weren't there. Absolutely no hugging, no kissing, no nice words, no physical contact.

Through not being protected from her brother's aggressiveness by her parents, as Margaret suggested, it seemed that Paul's violating and attacking behaviour was condoned. Margaret was attacked in the presence of her parents, who did not protect her.

⁷ A racial grouping in South Africa meaning mixed race.

When I was 13, 12, 13, so he was a year younger but always bigger. And he absolutely just went for me and he attacked me, and got hold of me and bit me on my breast, I suppose, and sort of just sunk his teeth into me, to the point where I landed on my back in the bathroom with this child on top of me. And then that was it. You know, okay it's fine, pull him off and off you go. So things weren't explained. That was allowed to happen without an explanation.

Margaret suggests here that she and her siblings were never informed about Paul's autism. It was a mystery to them all.

Margaret and her siblings were held responsible for their brother, and would be punished for his actions.

I do remember once Paul tried to get out of the house, and he was climbing over the wall and I found him. And then when I told my father I got a hiding. But it wasn't the kind of hiding okay now bend over and I'll slap you on the arse or something, um, I mean I got a, I was hit with a fist kind of thing up against a wall. I was about 9 when this happened.

We see in this moment Margaret's experience of her parents' aggressiveness as she is punished for something for which she is not responsible.

Michael is Margaret's 19-year old son, currently studying chemical engineering. Although Michael was willing to engage with the interview process, he expressed a sense of discomfort with the questions. Both Michael and his mother described him as a headstrong, curious and inquisitive child. Michael described himself as a person who is respectful of others, and related this to his sense of having absorbed his mother's moral values regarding how to treat people. The relationship between mother and son was described as warm and loving. Michael described his mother as assertive of boundaries, in a manner which suggested that she may be authoritarian at times. He suggested that Margaret tends not to listen to him when he disagrees with her, and insists that he do her will. Although Michael is aware of the interpersonal conflicts existing in his family, specifically between his mother and father, he has very little knowledge of his mother's

history of trauma. He knows of Margaret's autistic brother, but has no sense of his aggressive and violent acts. Nor does he know of Margaret's experience of her abusive mother.

4.2.4 Toni and Tamsyn's story

Toni is a 49-year old White woman, second eldest of seven siblings, who moved to South Africa from England at the age of 12. In her years in England Toni's life was split dramatically between periods of chaos, during which her father was away at work for up to two months, and periods of restraint and control, when he returned. Toni described her mother as quite hard, and defended her mother in this regard by considering the difficulties which she may have experienced as a single woman raising seven children. Toni was married to her daughter Tamsyn's father for six years. When Tamsyn was 3 years old Toni divorced her husband and entered into the first of her two long-term gay relationships.

Toni described two primary traumatic experiences. From the age of 8 Toni was raped by a friend of her grandfather who used to visit their home over a sustained period of time. She was also molested repeatedly by an older male cousin who visited occasionally. At times this involved touching her genitals, at other times full penetration. Toni reported feeling that she had been sexually abused from a much earlier age, but could not recall specific incidents. Toni also described feeling pervasively abandoned and emotionally neglected by her mother, who treated her in an insensitive and at times cruel manner.

Tamsyn is 26 years old, married to a man nine years her senior, and mother of two children. She has been working in secretarial positions since leaving school at the age of 18. She described a close relationship with her mother, and expressed a sense of gratitude for her. Tamsyn knew of the nature of her mother's sexual abuse, and expressed strong feelings of sadness in relation to this. Tamsyn and Toni describe a relationship that is less boundaried, and more like friendship than a mother-daughter relationship.

4.2.5 Sylvia's story

The next two participants, Sylvia and Florence, are considered in the absence of the narratives of their adult children. Both Sylvia and Florence suggested that at least one of their children would willingly participate in the research process. My attempts to schedule interviews with these adult

children failed, and I realised that there was resistance on the part of these children to engage with the process. The analysis of these mothers' narratives will be constituted by their own reflections of the children's subjective experiences. In this sense the children's experiences, particularly regarding their relationships with their mothers, will be described second hand.

Sylvia is a 53-year old White woman who has been married three times since her first marriage in her late twenties. Her traumatic history relates on the one hand to terrifying sexual abuse, and on the other hand to her painful relationship with her emotionally abusive and neglectful mother, who committed suicide when Sylvia was 9 years old. Sylvia never knew her father, but was informed that he had been imprisoned for political activism. Sylvia's infancy was marked by severe abandonment and neglect, before she was moved from her mother's home to an orphanage at 6 months. She returned to live with her mother at age 7. In the following passage Sylvia shows us the traumatising impact of living with her mother.

I still wish I'd never left the orphanage to see if I could have a family
because then I wouldn't have been traumatised.

Sylvia described periods of malnourishment as the more pronounced indicator of parental neglect. Her mother abused alcohol and drugs, and was prone to fits of rage and aggression. Sylvia's mother also exposed her to sexual violation by other men, putting Sylvia in situations in which inebriated men abused her sexually.

She was a violent woman who beat us up and drank and got drunk, and
we'd have to go down to the hotel and sing for her friends and sit on
their laps and get fiddled with, and it was all natural that sort of
behaviour.

These experiences occurred between the ages of 7 and 9, according to Sylvia's narrative, although it was very difficult to elicit a clear chronology of events.

At age 9 Sylvia witnessed her mother commit suicide when, taking a walk with her mother, she threw herself under a passing train.

As I turned around just to ask her if she could maybe just help me
'cause my foot was covered in blood, the next minute she was lying
over the railway line and the train was just flying past and I didn't

know what happened, and I was covered in blood. My legs were full of blood. My toes, my toes were covered in blood. I thought they would never ever come out again. And I was just standing there screaming and screaming.

This experience represents the single most traumatic experience in Sylvia's life. It was the story she told me first. We see in Sylvia's description the powerful moment of realisation, when she sees that the blood which covered her feet, and which she asked her mother to help wipe clean, was in fact her mother's blood.

Sylvia also experienced sexual assault in adulthood. When Sylvia's third child was four months old, she was raped. When visiting her sister for a social occasion, Sylvia was holding her infant son in her arms. Her baby was taken from her and she was "dragged" into a bedroom where she was raped. The rape was extremely violent, and Sylvia recalls a moment in which her rapist drank her breast milk whilst raping her. She was severely beaten during the course of this assault. Following this, Sylvia recalls her baby being returned to her and starting to feed from her breast. The structure of this part of Sylvia's narrative was quite disjointed, with little sense of linearity. Consequently, it was difficult to fully grasp the context of the rape.

Considering Sylvia's subjective experience of self and other, she describes herself as quite profoundly dependent on her current husband, but describes no sense of closeness to him. Instead, she feels resentment towards him. She described struggling with sexual intimacy with men, which is grasped in relation to her having survived repeated sexual abuse. Sylvia described herself as a timid woman. She suggested that she has struggled with relationships in which she has been dependent on her partners. Furthermore, she described having experienced anxiety and depression for much of her life since childhood. From the time Sylvia's children were in their infancy she has struggled with poly-substance abuse, which she described as her attempt to numb the pain of her traumatic past. This struggle has abated in the past decade.

4.2.6 Florence's story

Florence is a 54-year old White Afrikaans woman, with two sons, age 15 and 18. Her history of trauma relates to two central experiences. Firstly she was sexually abused by a relative, and,

secondly, she grew up in a tumultuous, aggressive and fractured family relational environment. Florence began her narrative by foregrounding the sexual abuse which she suffered in early childhood.

It was my uncle, he didn't actually have intercourse with me but he touched me and he made me do things to him. He also made me very scared of the devil. Very scared, he made me very scared of going mad. 'Cause for many years I actually thought I was mental, 'cause he told me he said to me something like if I told anybody I'd go mad. I never even told my father, I told my mom when I was 22.

Florence shows us here that her experience of sexual abuse, which occurred between the age of six and eleven, was silenced by her perpetrator. The abuse reportedly ended at age eleven because this was the first time that Florence felt able to stand up to her abuser; the first time she was able to say "no". She told me that her uncle convinced her that he was the devil, and this made her frightened to resist his sexual advances, on the one hand, and to speak out, on the other hand. Her uncle abused her repeatedly when visiting their home, and also when they were in shared family spaces such as her grandmother's home. Florence did not speak about the experience until her early adulthood, when it began to revisit her in early adulthood. Linked with Florence's experience of childhood sexual abuse is the fact that in her early adulthood she engaged with prostitution. It will be shown in the analysis how Florence herself associates her prostitution with her history of sexual abuse, suggesting that prostitution was a type of reenactment of sexual violation. Florence told me that it was only when she began to engage with prostitution, and simultaneously experienced intense anxiety, that she recalled the experiences of sexual abuse, which she suggested she had forgotten up to this point.

The situation of growing up in a tumultuous and aggressive family relational environment was the second theme of Florence's traumatic history. Florence described her parents' relational discord and her own feelings of desperation and anger with the situation, which she recalls experiencing as a child. She also described her father's aggressiveness towards her, identifying moments of severe physical abuse, from which there was no protection. Florence suggested that she became suicidal at a young age due to the relational struggles existing in her family, particularly between her parents. Having said this, it was particularly difficult to establish a clear sense of the context and

nature of these difficulties. Florence's descriptions were circuitous and tended conceal the facts of the matter. She provided instead a vague sense of the fear, anxiety and desperation which typified her subjective experience as a child.

Florence's life history shows an ambivalent relationship with men as well as with her own sexual self. Florence has been married twice, with her first relationship being complicated by her husband's alcoholism. She met her first husband at the age of 15, married at an early age and left him when she was 26. When her two sons were 5 and 8 years old respectively, she left them with their father, partly because she feared that she was an unfit mother. She returned to her children between three to five years after leaving; the exact period of time of separation was uncertain. By this time Florence had remarried, and she was therefore better positioned to look after the children. Her second marriage has been a far more supportive, far safer relationship.

4.3 Analysis of individual participants' narratives: Development of analytic themes

The process of narrative analysis in this dissertation was organised according to primary analytic categories, presented in relation to the research questions guiding the reading of the data. These questions are as follows:

Analysis of mother's narratives:

- I: What is the evidence of conscious and unconscious patterns that are linked to the trauma and acted out in the mothers' relationships with their adult children?
- II: What aspects of the narrative reflect the mothers' lived experience of the trauma?
- III: How is the experience of the trauma remembered?

Analysis of adult children's narratives:

- I: What was the adult child's experience of the mother when he/she was growing up?
- II: What is the evidence of the mother's unconscious patterns that are repeated in the adult child?
- III: What is the adult child's knowledge and understanding of the mother's struggles?
- IV: What was the adult child's role in the family when growing up, in relation to the mother and in relation to siblings?

V: What are the adult child's worst and happiest memories of their relationship with their mother?

Considering these research questions, particular themes emerged in relation to each mother/adult child dyad, which shall be presented in this section.

4.3.1 Rahel: Primary analytic themes

4.3.1.1 Relational retreat and intrapsychic avoidance

Rahel described a history of emotional, verbal and physical abuse by her mother, who treated her in an abandoning, neglectful, frightening and cruel manner. She conveys this in the following quote, taken from a letter which she wrote to me, in which she recounts her memories of her mother.

Remembering feeling very scared of my mom, especially of her eyes
(cruel and hard). Remember being screamed awake, and how it felt.

Rahel's narrative of her history of verbal and physical abuse by her mother revealed her pervasive need to withdraw from the interpersonal space, retreating into solitude and isolation. Her retreat into solitude has been a pattern since early childhood, when she tried to escape from her painful relationship with her mother. Below are some moments in which withdrawal and retreat emerge in Rahel's relationships with others and her self.

I just want to creep into a hole and stay there.

I retreat. I go into myself and experience that alone you know, the feeling that I felt then⁸.

Rahel described these experiences as manifesting in her childhood, and moving into adulthood. Retreat in childhood functioned firstly as an effort to move away from her mother, so as to avoid potential abuse, and occurred in the form of Rahel's engagement with dance and music. She described how she would withdraw into her dancing and her piano-playing, moving away from the family space and trying to cope with her pain alone. This is demonstrated in the following passage.

And I remember we had a piano and in fact what used to happen was, I did ballet, and whenever I was upset I would go into this room and I

⁸ Meaning, at the time of the trauma

would just dance. I'd put on music and I'd dance and it would make me feel better. Or I'd play the piano. I used to play very well, in fact, ja, anyway and that would help me; until my mother stopped it. She just said 'No, you can't play anymore!' And that was it. I remember something broke down within my self. Because that was the one thing I had that really helped me deeply; very deeply. And still does. Whether I play it or whether I listen to it. And I mean classical music you know. Bach. Beethoven. Anything that gave me pleasure was taken away.

The pain of being deprived of something she loved dearly, and something that helped her survive the anguish of her isolation and suffering, is demonstrated clearly here, and reflects Rahel's mother's cruel treatment of her. Retreat, as enacted through her escape to her room and her becoming engrossed in dance and music, functioned as a strategy for coping with pain, and enabled the avoidance of painful feelings and relational conflict. This is consistent with the theme of the survival of traumatic experience by adopting defensive coping strategies which disconnect the survivor from the full emotional impact of the trauma (Herman, 1992; Krystal, 1968). Kalsched described this defensive withdrawal poetically in the following statement:

The psyche's normal reaction to traumatic experience is to withdraw from the scene of the injury. If withdrawal is not possible, then a part of the self must be withdrawn, and for this to happen the otherwise integrated ego must split off into fragments or dissociate. (Kalsched, 1996, p. 12)

Rahel's retreat in adulthood manifests as a withdrawal into a secluded space, as she creeps into a hole that is unreachable by others. The retreat is linked with Rahel's efforts to cope with painful feelings such as anger, sadness and anxiety, as she demonstrates in the following passage.

I just know that when I feel angry it's overwhelming. It overwhelms me. But it doesn't come out. Okay I do feel, and I do feel it quite overwhelmingly, but I can't express it. And there are times when it all just comes out quite violently. Um, and the way I deal with it most times is that I would withdraw.

Apart from retreat as a mechanism of coping with overwhelming feeling, Rahel retreats so as to avoid engagement with interpersonal conflict in the present. Withdrawal from conflict serves to protect Rahel from awareness of memories of the trauma in her current life, and so reflects the avoidance of memory taking place within the context of the relationship between the survivor and others. This is a central theme which will be fleshed out throughout the course of the interpretive analysis, concerning the emergence of dissociation as a relational process, in which the individual arranges themselves within relationships in a manner which enables the disavowal, disconnection from and avoidance of painful feeling (Bromberg, 1998, 2001, 2003). Considering this, we see how Rahel's memories of her mother's viciousness enter her lived experience through the raised voices of her husband and daughters. In the following passage Rahel shows us that her desire for retreat is a mechanism of avoidance, in which she detaches from the painful and overwhelming emotion which could be evoked through interpersonal conflict.

I can't even stand somebody raising their voice at me. I get so upset. I
can't; it reduces me to tears. I just can't handle it. You know, because
I was shouted at so much as a child. I was screamed at so much.

In this moment we see Rahel's need to avoid interpersonal conflict because it evokes painful memories of her history of trauma. In contrast to Rahel's need to dissociate from the emergence of painful memories in the lived relational world, she shows us the desire to know emotionally her traumatic past; a desire to reacquaint herself with obliterated or dissociated memory, and to proclaim the traumatic experiences associated with that memory. The desire to come to know her traumatic past at a deeper level emerges in two ways. Firstly through Rahel's participation in the study, in which we see her engaging with her siblings in an effort to find out parts of her history which she could not remember. Rahel asked her siblings to write letters to her, describing their experiences of her situation in their collective childhoods. These letters described aspects of Rahel's trauma, such as the physical abuse, which she did not have clear memories of. The second way in which Rahel's desire to know her traumatic past manifested was through her entry into a psychotherapeutic process at the time of her participation in the research. Rahel worked with her therapist towards enabling a surfacing of her traumatic past, as well as developing a deeper understanding of the psychological complications which correlate with this history. The therapeutic work engaged explicitly with Herman's (1992) *Trauma and Recovery*.

This contradictory impulse towards knowing an unknowable past has been described by Herman (1992) as the dialectic of trauma. Herman suggests that traumatic experience, being too painful and frightening to be fully known at the time of its occurrence, becomes dissociated from conscious awareness. Having survived trauma, the individual finds themselves unable to fully articulate the experience; it remains, to varying degrees, unspeakable. The dialectic of trauma, suggests Herman (1992) reflects the impulse to reclaim and narrate the unspoken traumatic history, and suggests that this is effectively the beginning of the trauma survivor's process of recovery. I suggest that Rahel's retreat into a state of aloneness is aimed towards accessing painful memories, and reflects her desire to simultaneously confront and escape painful memory. In this we see Rahel's desperation to feel and to know her traumatic history. Rahel's retreat demonstrates a contradictory impulse to escape from internal trauma-related conflict, and to enliven the unemotional narrative of a disremembered past with affective depth. We see this reflected in the following passages.

What concerns me is the lack of emotion. Just to get me to feel a bit more, because I feel that need to feel, and I struggle to get myself to feel deeply.

I sort of half went there. I didn't want to go there fully. I couldn't go there.

In these moments Rahel is speaking about her efforts to recall the feelings associated with her memories of physical abuse by her mother; particularly the experience of her mother kicking her when she had fainted due to her hypothyroidism. In these lines we see the emergence of a central theme, which is Rahel's deeply felt need to avoid painful traumatic memories, and her simultaneous need to know and feel into the experience. This struggle to feel deeply is understood as a consequence of Rahel's historical need to disconnect from the pain of her traumatic relationship with her mother, and emerges in the present as an ambivalent attempt to recall and rediscover painful memory.

4.3.1.2 The dissociation of traumatic memory and the disruption of a capacity to feel

As I have suggested, Rahel expresses a sense of desperation to become able to feel deeply into the traumatic experiences of her childhood, which she struggles to access emotionally. Rahel suggested that she can speak about her painful memories of trauma "academically", but feels

unable to speak about her pain in a manner which is charged with feeling. This reflects the trauma survivor's dissociative response to the traumatic experience, in which intense affects related to the trauma are held in a dissociated psychic space (Grand, 2000; Huopainen, 2002). I am emphasising in this analysis the relationship between dissociation as an intrapsychic process, and the trauma survivor's capacity for relationship. Frankel (2002) describes dissociation as a response to trauma and identifies the impact of this on relationship, intimacy and connectedness. The contents of the traumatic experience become disconnected from relationship, foreclosing possibilities for intimacy (Frankel, 2002). Rahel's withdrawal from the other, and the emotionally disconnected quality of her narrative of traumatic experience, demonstrates the impact of the dissociative defence on her relationships. In this instance, those close to her are disallowed from permeating the affective boundary of her traumatic past.

The way in which Rahel described her deeply felt experiences such as her experience of isolation, rejection, fear and anxiety conveyed relatively little in terms of the full affective weight of these experiences. The following passage provides a strong reflection of the academic and emotionally depleted manner in which Rahel approaches the telling of her traumatic experience. Rahel, following her therapist's recommendation, read Herman's (1992) *Trauma and Recovery*. In the following passage, which she sent to me as an email, Rahel shows in an emotionally disconnected manner her identification with the experience of a complex response to trauma.

You probably know what I identified with from our interactions. Let me know if you are surprised at anything!

1. The helplessness and terror p.34
2. The intense emotion although no memory of the event or every detail but no emotion
3. Hyperarousal p36 Sensitive to noise can take long to sleep
4. Intrusion I need you to explain this a bit more
5. p45 Constriction in keeping traumatic memories out of my consciousness allowing fragments to emerge as intrusive symptom. Feeling powerless, in a state of surrender
6. p52 Feelings of abandonment feeling utterly alone losing sense of self

7. p56 Withdrawal from close relationships and desperately seek them at the same time

8. p.58 Resilience

9. p. 63 Care and protection by others outside of family

Robotisation

Deviation - I am and have always been very trusting often to my detriment

10. Captivity

I suggest that Rahel's attempt to come to know her traumatic history emotionally, which is conveyed through her demonstration of her desperation to feel, contrasts with this intellectually arranged approach to developing an awareness of trauma. Her engagement with the process of coming to know painful experience reflects the presence, in her history, of a disrupted capacity to know her feelings, to think about them, and feel into them. The emergence of the dissociative defence is quite apparent here, and reflects the continuation of an unconsciously motivated disengagement from intense feelings and painful memories.

Rahel's experience can be considered in light of Janet's description of dissociation as driven by vehement emotion (Cited in Van der Kolk, 1989). Janet described trauma as an experience of vehement emotion, which disrupts the self's capacity to integrate painful emotional experience. The relationship between narrative and memory is important, and highlights a central theme in Rahel's processing of her history of trauma. She could not remember the experiences of abuse even when her siblings described them to her. Rahel told me that she found it difficult to accept that what her siblings told her about her mother's treatment of her was true?

It just sounds so awful and I can't believe, that's what I've been feeling this last week, I can't believe it happened. I can't believe how someone can do this to a child and a young adult.

The theme of memory and remembering was complicated and painful for Rahel, as she began a process of re-acquaintance with a disremembered past; a past from which she has defensively dissociated, for the sake of survival.

I'm trying to think about what my brother said about my mother bashing my head against a wall, and I try to think back, and put myself

in that situation, and I can't ... nothing. And according to him it happened all the time.

I felt quite confused and unable to access early experience. The feeling is generally one of rejection, but details are difficult to expand on. I am surprised by how painful the memory of my mother's death is and the rejection by her family as well.

Even if I can't remember the actual events so to speak, I know I was in my room a lot, and I feel that pain a bit; the desolateness. Also that I used to wet the bed until I was quite old.

Such painful experience becomes disconnected from the self's narrative of its own affective life, leaving traces of unprocessed experience which find expression in the traumatised self's future relationships. Van der Kolk's (1989) commentary on Janet's work emphasises trauma and memory. Van der Kolk speaks of narrative memory, and suggests that vehement emotion does not enter narrative memory. Vehement emotion is not, or cannot be, processed symbolically through narrative, and so the affective content of the experience remains unexpressed. Rahel demonstrates in the passages cited above her struggle to access painful historical experience, either because she has forgotten it, or because, to the extent that she remembers the experience, she cannot feel any emotion associated with the experience. Rahel's remembering of her past revealed a contradiction in terms of the relationship between affect and memory. She described this contradiction lucidly, suggesting that she recalled either "intense emotion although no memory of the event, or every detail but no emotion". She also identified the fragmented nature of her memories, in which disconnected and disorganised memories of events entered consciousness in a manner which she was powerless to control. An important connection can be seen here, between Rahel's disrupted capacity to recall, think about and feel into her historical traumatic experiences, and her current experiences of painful emotion. We see in the following passage how Rahel is at times unable to feel, and has to retreat into a private space and effectively make herself feel, by, for example, reading a sad novel or listening to emotionally intense music.

If I'm really really upset I have to resort to something emotive. I have to resort to music, I also play piano. I have to resort to a movie that's very intense, or a book, or something that will make me feel, because I actually just can't feel, you know.

This strategy for coping through retreat into artistic and creative spaces reflects in Rahel's childhood and adulthood. Rahel demonstrates her struggle with feeling emotion relating to her past and her present, and so reveals the history of dissociative process which is so emblematic of the lived experience of the traumatised self, and reflects the function of dissociation as a defensive process which enables survival. We see here how Rahel's traumatic childhood experiences necessitated that she dissociated from the painful emotions evoked by these experiences. In her present efforts to come to know her trauma, Rahel has recognised that she lacks clear memories of the experience. Added to this, Rahel recognises that she cannot fully access the emotions associated with her traumatic past.

4.3.1.3 The silencing of trauma: Entrapment and the traumatic narrative

Rahel describes her mother having constricted communication regarding her traumatic history. Her telling in the research process breaks the silence. The entrapment of experience, behind closed doors, inside locked cupboards, is matched against the urgency with which Rahel narrates her story. This silencing is conveyed in the following passages.

You were told 'whatever happens in this house never gets out'. I was extremely scared of her, I remember that too. And I would never, none of my friends, nobody ever knew in my life, with respect to what I was going through domestically.

The whole secrecy thing was obviously started by my mother. You couldn't breathe a word out of the house.

The constriction of expression was felt to be a kind of entrapment within a pervasively traumatising environment. Rahel gives a clear sense of this in the following passage.

I mean I just felt very trapped, I felt very trapped in my room, I felt very trapped with my feelings, like I could never express myself.

Rahel tells us here of her sense of entrapment within the traumatic relationship, and the role of being silenced in cultivating this entrapment. She refers to the notion of captivity, which was cultivated by her mother's silencing of her, and continues in Rahel's own ambiguous relationship with expressing felt experience in the context of current relationships. Internal experience, especially painful experience, is held silently captive. She tells and hides, opens up and conceals her story. We see in this a living out, through silence, of the relational conditions within which her trauma occurred.

The following passages reflect the ways in which this silencing, which was originally a condition imposed by Rahel's abusive mother, has become one which she imposes consciously and unconsciously on herself in her current intrapsychic and intersubjective lived world. Silencing manifests in this instance as a mechanism of concealment and hiddenness, in which the emotional experience of the current lived moment becomes dislocated from the relationship between Rahel and the other. She demonstrates this in the following statement.

I can be really hurt, to the extent that I get extremely upset, I'd be in tears in fact. Nobody would know.

In the following statement Rahel reveals her incapacity to express felt emotion in the context of interpersonal relationship.

I just know that when I feel angry it's overwhelming. It overwhelms me. But it doesn't come out. Okay I do feel, and I do feel it quite overwhelmingly, but I can't express it.

The element of silence, concealment and constriction in Rahel's narrative is consistent with the literature on the intergenerational transmission of trauma. For Fodorova (2005), trauma represents unspeakably terrifying experience which must be disallowed from entry into the family's collective narrative. Expression of feelings of fear, rage, despair and grief are held secretly. The silencing of traumatic experience was articulated by Peskin (2001) as a mechanism for survival, protecting the survivor and their family from the painful acknowledgement of the traumatic history. Danieli (1985, 1998) described the quality of conspiracy, in which the family unit "cooperates" consciously, but in an unspoken manner, with the imperative of secrecy. There is within the family a pervasive and unacknowledged agreement that certain stories must be

unspoken. We will see through the interpretive analysis of Rahel's and her daughter's narratives the imperative of silence, hiddenness and concealment. Rahel's history of being silenced by her mother emerges in her current relationships with her daughters, in which she silences her own expressions of emotional experience, and her daughters respond in turn by arranging themselves in an effort to cooperate with this silencing. Mechanisms of avoidance and withdrawal are noted as the primary behaviours which promote and sustain the concealment of the painful history of trauma.

4.3.1.4 The expression of psychological distress through the body

An important theme which emerged through Rahel's narrative concerns the expression of psychological distress through the body. Through the analysis I aim to demonstrate the relationship between the disruption of the capacity for narrative, the effect of trauma as a breakdown of the symbolic function, and the expression of the traumatic history through the body. In the narrative literature on trauma it has been suggested that trauma causes a rupture or disruption in the survivor's capacity to narrate both the experience of trauma (Berger, 1997). The theory suggests, in line with theories of trauma and dissociation, that the traumatic experience effects a psychic dispersal of memories, feelings, sensations and internal representations of the trauma. Such a dispersal of psychic contents implies that the trauma-survivor's capacity to know the experience completely, and to narrate their subjective knowing of the trauma, is disrupted. The experience is beyond awareness, internally and relationally. Berger (1997) and Caruth (1996) clarify the notion of traumatic experience as effecting a fragmentation of narrative. The authors consider in relation to this notion of trauma as an experience which is unrepresentable through the means of symbolic expression, which are typically framed by language and discourse (Hoffman, 2004). In relation to this, the silencing of trauma narratives, and the embodied communication of the unspeakable, is important, and is reflected in the manner in which Rahel demonstrates the feelings and memories of her traumatic history through her body.

In the following statement Rahel describes a moment of embodied expression of intense affect. Firstly, Rahel describes physiological responses to anxiety.

After a very wakeful night, I awake feeling nauseous and sick. I assume this is what we may call an anxiety attack.

In the following passage Rahel describes her memories of her body's response to experiences of fear and despair.

I remember being alone in my room, isolated, curling up in the foetal position, all the time. I remember, you know what I remember, myself being on my bed, curled up, and my hands would just curl up into a ball without me doing it; involuntarily. It would just happen. I remember that being really traumatic.

The feelings, being left unspoken, were expressed through her body. Rahel shows us her body's isolated regression, as she lies in the foetal position. This may be interpreted as a gesture of fear, in which she attempts to create a sense of safety through regressive behaviour. On the other hand, recoiling into the foetal position may be seen as reflecting an embodied demonstration of dissociation, in which there is a physical escape from the moment of being. Rahel's lying in her bedroom, alone, in the foetal position, reflects a defensive withdrawal from the traumatic surround. Rahel's hands curl up and her body curls into itself, as she lies in a state of helpless isolation. Her expression of not-knowing how or why her hands curl up in the way they do demonstrates the dissociative quality of this experience.

Finally, Rahel described a seemingly unconscious self-soothing, and potentially self-harming tendency, which demonstrates her body's expression of anxiety.

There are certain physical manifestations, for example I bite my lip. Nobody knows that. Only my dad knows. It's a physical manifestation, and I know it happens. I don't know why I do it.

The moment of biting her lip, whilst it appeared to have a calming impact on her, and so could be considered in the light of self-soothing, also reflects, and perhaps more powerfully, the response to internalised feelings of rage or anger. The image of Rahel biting her lips, causing slight injury to a sensitive part of her body, reflects a self-injurious process that I am considering in the light of the internalisation of anger.

The descriptions of embodied expressions of internal affective experience demonstrate two important themes linked with the emotional experiences of the traumatised self. Firstly, Rahel shows us that she experienced intense distress in isolation. Her painful feelings of isolation, fear

and despair had to be endured alone, and so were not contained by a supportive, nurturing other. Secondly, Rahel's description here reveals the unspeakable quality of the experience. Her clenched fists and curled body were the expression of psychological despair, fear, and unhappiness. She had no words for the experience, and no relationship within which she could develop a capacity to speak the experience.

One final and significant aspect of Rahel's embodied responses relates to her hypothyroidism, which was diagnosed at age 18. We see this emerging in the following passage.

Um, anyway I became hypothyroid and everything just collapsed to the extent that in my matric I couldn't even read. I couldn't even understand what I was reading. I displayed all the symptoms of hypothyroidism. It's quite a surreptitious disease, it's very slow-growing you know, and it can also ... you could almost think it's sort of depression or stress or whatever. Anyway I reached a point where one day I, there was obviously some problem with my mother, because I just never communicated. I just used to keep quiet and do what I had to.

The somatic elements of Rahel's hypothyroidism are less relevant to this analysis than the possible interpretation of the condition, considered in the light of the harmful relationship between mother and daughter. Rahel's maternal environment was a destructive, punitive, assaultive and hard one. It manifested as a constant source of potential danger, and she was frightened within it. Pines (1993) describes the deeply felt fear of the child who is confronted with the loss of the loved object, whether through death, abandonment, neglect or abuse. The relationship between mother and child, if it presents the child with a feared loss, may become a part of the child's relational template, extending into the future in the form of the child's development of a relational repertoire centered around the creation and sustenance of conditions of safety. Pines (1993) suggests that somatic distress in the child may emerge as an attempt to create such a condition of safety in the attachment relationship in early childhood, adolescence and extending into adulthood. Rahel's hypothyroidism, although it may have been caused by a variety of pre-existing physiological conditions, could be seen in light of this as an effort, staged at the level of the body, to ask for and create safety.

4.3.1.5 The reparative process and the restoration of broken connections: Restoring the self-object union

The analysis of Rahel's narrative reflected some important ways in which her lived experience of the trauma manifests in the current moment. The primary reflection of the trauma in the current moment connects with Rahel's experience of feeling rejected by her mother, and her attempts to attain and secure relationships with others.

Perhaps I subconsciously seek approval. I know that I want to be liked. I'm over compassionate. I'm almost over helpful. I help everybody.

As a child I remember, during periods of isolation, I would beg my mother in my mind to speak to me. This would be done without looking at her as I was so scared of her, especially her eyes which were really hard and cruel! I find this memory very very painful!
(Written communication)

I just felt very alone. From a very young age I just felt alone, like I didn't have anybody. I still am to a certain extent like that. I'm on my own. It's very difficult for me to ask for that sort of nurturance.

In these passages we see the impact on Rahel's current relationships of a history of craving for affection and love from her rejecting mother. The impact of this history can be seen in current relationships, where Rahel is excessively giving, loving, compassionate and forgiving. A process takes place beyond conscious control, in which Rahel sacrifices her needs, and devotes herself to the other in an effort to secure the relationship. We see the origins of this dynamic in the following description of Rahel's experiences in her relationship with her mother.

She always used to say I'm the most forgiving person that she knows. She would be mad with me, and the next minute, I would always be fine. It would take me seconds to come down, and I'm still like that. Um, no matter what she did. And she did things like, say for example I had forgot to take out the bin. And she'd be cross with me for months. She wouldn't speak to me. Nobody would be allowed to

Speak to me. I had to stay in my room and only come out for whatever, just the necessary kind of thing. So it was that kind of milieu almost you know, where I was this young person, and I was always sort of seeking her um, ah, almost her approval.

In the following statement Rahel shows us this dynamic in terms of how it manifests in current relationships with her daughters.

The other thing that I really struggle with, I think it comes into this whole thing of, you know you can be really upset the one minute, and then you can be completely forgiving the next.

In the following passage we see the origins of this process of an unconsciously motivated focus on the other, typically to the detriment of the self. It is suggested that such behaviours are aimed at the restoration of a sense of connectedness with others.

I spent my 21st birthday with my dad, and didn't see my mother or my siblings for about 2 years, I don't know, I just don't know. And then one day I went back for some reason I don't know why, and I just went back. And eventually the cycle just continued. I used to collapse and my mother used to kick me. She used to get so frustrated because I hadn't become this perfect child. And she used to kick me, and my brother would come help me.

Rahel describes here her confusion as to why she went back to live with her mother and siblings after the period of separation. She suggests that she didn't know why she went back. Perhaps the not-knowing relates to forgetting the experience. Perhaps it relates to the notion that Rahel's motivation for going back was not consciously known at the time. I suggest that Rahel felt a desperate need to restore the relationship, and to establish a much needed feeling of connectedness with her abusive mother.

A central theme which will be fleshed out through the interpretive analysis concerns the Kohutian notion of the reparative process (Kohut, 1971, 1977, 1984; Ulman & Brothers, 1988). Ulman and Brothers (1988) articulate the self's position in relation to its experience of living within a

traumatic relational environment. The authors describe fragmentations of self occurring in the developmentally disruptive self-object relationship, which are the result of moments of traumatic rupture that come about through experiences of absence, loss, death or injury to the self. The developing self, in response to these ongoing fragmentations, engages with a process of restoration and reparation (Kohut, 1971) aimed towards the restitution of a fragmented self and self-object union. This process is grasped as a process of defensive disavowal of those parts of the self-object union which are injurious to the self. I suggest that Rahel's narrative reflects such a reparative process.

The restoration and reparation of relationship which we see in Rahel's narrative reflect in her history of compliance, timidity and self-sacrifice, as she feels pulled towards the other by the need for relatedness. We can see in the passage quoted above that Rahel attempted to justify and explain her mother's abusive behaviour, citing her own imperfections as the reason for her mother's treatment of her. This is demonstrated in the following passage.

She used to get so frustrated because I hadn't become this perfect child. And she used to kick me.

This reflects Rahel's unconsciously motivated restoration of the image of her abusive mother, in which she justifies her mother's abusiveness, incorporates within herself the image of a child whose imperfections render her deserving of mistreatment, and tries again and again to develop a sense of connectedness with a rejecting and isolating mother. The fact of Rahel's inexplicable return to her mother, and her efforts to restore the image of her mother through justifying her behaviour, may be seen to reflect Rahel's desire to restore and repair the image of ruptured connection with her mother. This is potentially a reparative gesture, in which Rahel attempts to rewrite her historical narrative of self, restoring the link between herself and her mother historically, and herself and the other in her current experience of relationship. Such reparation can be seen as an effort to narrate and embody a reformed self that is not damaged by a history of traumatic rupture. To the extent that the reparative process involves gestures of reparation both within the relationship between the survivor-child and her mother, as well as in the context of the survivor's future relationships, it is a vital consideration for research into the intergenerational transmission of trauma which emphasises the relationship between mother and adult child.

A vital reparative gesture, which Rahel experienced as deeply painful, but which is consistent with her dominating theme of attending to the other regardless of the impact on her self, relates to the fact that Rahel nursed her mother in the few months prior to her death. Rahel told me this story once I had ended the second interview, and turned the tape-recorder off. She described the painful experiences which she felt, at having to massage her severely arthritic mother's back. The history of Rahel's mother's arthritis is central to Rahel's enactments of restoration and reparation, both in the self-object union, as well as in other relationships. Rahel shows us in the following passage how she dissociated from the painful feelings which her mother's cruelty evoked in her.

She was quite debilitated for many years, and then lost her mobility when I was about to get married. Um she needed a lot of support, in the house, the cooking the shopping. I was 6 years old and I would get on the bicycle and go and do a shop. Or come from school, and you know what teenagers are like. So um, I had to do all that and, it, it was fine, I managed, I learnt to grin and bear it. I just did what I had to do, and did it with a smile kind of thing. She always used to say I'm the most forgiving person that she knows. She would be mad with me, and the next minute, I would always be fine.

The pervasively self-sacrificing quality of Rahel's response to her mother, as I suggest, may reflect Rahel's attempt to restore and repair the internal representation of the self and the self-object union, such that she could have the experience of being connected, and being loved.

4.3.1.6 Aggression and timidity: A confounding polarity

Rahel's narrative revealed her struggle with expressions of anger in her relationship with her daughters, and conveyed a clear link between her own experience of being mothered, and her sense of her children's experience. In the following statement we see Rahel's struggle with her tendency towards acting out aggressively at times, and her feeling of loss of control, and perhaps even loss of a clear sense of selfhood. She loses control and acts aggressively, in a manner which does not seem to fit within her narrative of self.

I would feel as if I was losing control and I also remember smacking my daughter twice as a teenager when she had one of her outbursts. I always felt terrible doing it and would almost recoil.

There are times, and I'm sure my daughter will tell you this when you see her (laughing) that there have been times when I've exploded. They say I'm scary but what what what is scary about me? I so seldom get cross, so when I reach that sort of point, throw things around or, you know ... it doesn't often happen but it has. And I walk out, I get out of the house and they don't like that.

There are times when it all just comes out quite violently. Um, and the way I deal with it most times is that I would withdraw, you know.

Maybe it's because I'm scared of myself.

We see here the link between Rahel's expression of powerful emotion and her need to withdraw from the interpersonal space. The images of recoiling and walking out here convey both Rahel's felt need to distance herself from the instance of aggressive acting out so as to be alone with her feelings of guilt, as well as a sense of being fearful of her own aggressive impulse. We see in the narrative Rahel's sense that her children may at times have been fearful of her. She told me how her daughters had said to her, "Mommy, you are very scary." We note this in relation to Rahel's own fears of her mother, whose harshness, cruelty and anger were a constant threat to Rahel's sense of safety. Rahel described her sense of being confused or mystified by the possibility that her children could feel frightened of her. Nonetheless, it appears that there were moments in the relationship between mother and child which, being too charged with anger, evoked feelings of fear in the children. The repetition of Rahel's subjective experience of her mother is apparent, as we see Rahel's daughters experiencing moments of fearfulness in relation to her.

The literature on the impacts of childhood interpersonal trauma on the survivor's future capacity for relationship has observed a clear relationship between the dissociative response to trauma, and the later emergence of intense affective states, typically rage. Green (1983) described the traumatised mother's relational patterns, observing the unpredictable, confounding demonstrations of dissociated rage in the survivor-mother's relationship with her child. Pines (1989) articulated the painful consequences for the child of the mother's expressions of dissociated rage. She describes the sense of abandonment, intense anxiety, grief and fear evoked when the child

becomes aware of a disruption in the attachment relationship. Such experiences in the children of survivors are considered in the light of the children's psychological development taking place within a potentially traumatising relational environment, and so are crucial to considerations of the intersubjectively grounded intergenerational transmission of trauma. This theme will be considered throughout the analysis in terms of the consequences of dissociation on the survivor's future capacity for relationship, emphasising the re-surfacing of dissociated emotion in the relationship between mother and adult child.

In contrast to Rahel's infrequent but frightening aggressive acts, we see her descriptions of herself as generally timid, avoidant of conflict, and fearful of confrontation.

I think I'm very timid. My whole adult life, with in-laws I've been very very timid and allowed people to abuse my generosity and my good nature.

I've always just perceived myself as sweet, non-confrontational; that's my perception almost. That was also what was reinforced. I'm the one who does things. I'm the one who's very forgiving.

These expressions of timidity in Rahel are associated with her fear of the confrontational other. They are linked with the fear and anxiety which Rahel feels when she has to engage with interpersonal conflict. It is suggested that such moments may evoke in Rahel the same feelings of being weakened and frightened by her mother's treatment of her in her childhood.

The narrative of timidity which Rahel delivers creates an impression of her as enduringly kind, gentle, forgiving and compliant. On the other hand Rahel shows us her desire to challenge this within herself. We see this at the level of Rahel's relationship with her oldest daughter.

The only big thing is the confrontation kind of thing. My children sensed long ago that I was not good at it. My oldest, she just won't shut up, she just never does. And that's where my timidity comes in. She will reduce me to tears it's that bad. Um, it will really really affect me badly, you know. And I need to address that. I don't know

how to address it. It's ridiculous if you think of it, I'm not a small child anymore you know.

In this moment Rahel appears to be situated intersubjectively in relation to a daughter who has the power to reduce her in the same way as her own mother did. Rahel shows us here that she desires to challenge the relational template whereby she assumes the role of child in relation to a scolding and damaging parent. Her sense of timidity emerges here as a personal challenge which Rahel desires to overcome, within the context of her relationship with her children. Just as Rahel had to "grin and bear it" in the face of her mother's cruel treatment of her in her history, so does she grin and bear it in the current relationship, responding in a timid, unchallenging and non-confrontational manner to others. It is suggested that this timidity may be jarring and confusing for Rahel's daughters, who witness a polarity in their mother. On the one hand Rahel's enactments of uncontrollable aggression manifest, and frighten her daughters. On the other hand her timidity emerges, perhaps more pervasively. In such moments Rahel is the frightened one, as she cowers and recoils in relational to the confrontational others.

4.3.2 Sofie: Primary analytic themes

4.3.2.1 Relational retreat and intrapsychic avoidance

The main questions explored in the interviews with the adult children related to their experiences of their mothers, the relationship between mother and adult child, and the adult child's awareness and knowledge of the mother's traumatic history. The interviews with Sofie, Rahel's daughter, were analysed according to these primary questions. Sofie described a positive experience of her mother, expressing her trust in her and her sense of closeness. She related positive memories of her mother, as demonstrated in the following passage.

She always like, when we were younger, she always used to take us to the park. She used to do lots of things with us. We would have like picnics and we would always play a lot. And, um, she gives good hugs.

She described her mother as considerate and respectful of her needs for space, quietude, gentleness and patience. Sofie's memories of her mother when she was a young child are happy memories. She avoided engaging with painful, conflicted or anxiety-arousing memories in relation to her

mother. Like her mother, Sofie told me that she needs to retreat into a solitary space, describing how she feels safer and more comfortable when she is alone.

Researcher - What does it feel like when you're in your space alone, when something's happening and you're trying to move away from it?

What are your thoughts and feelings?

Sofie – I feel at ease. When I'm in my room I'll feel calmer. I'll feel like really upset for a while and I'll get over it, and I'll start to read.

I'll start to read, or sort of calm down.

The pattern of silence and retreat observed in Rahel, which seems to have been used as a strategy for escape from pain and conflict with her mother, is reflected in Sofie's defensively avoidant behavioural pattern.

I suppose it's a bit ... exposed, like I don't really like people to see what I'm doing all the time. I suppose I would spend time in my room, more time in my room because it's more private.

Sofie demonstrates her need to move away from Rahel's negative affective states, suggesting that there is something intolerable about the experience of being present to these states. We saw in the analysis of Rahel's narrative the polarity of timidity and aggressiveness. We also saw Rahel's own need to retreat into a private space when attempting to access and feel completely her intense emotions. It can be seen how these factors may in combination lead to Sofie's experience of finding her mother scary. A mother's polarity of aggression and timidity on the one hand, and unfathomable and unspeakable emotions on the other, might feasibly be a source of angst and uncertainty for the child. The child's avoidant retreat from the mother could thereby be formulated as a defensive response. This pattern can be seen in the relationship between Sofie and Rahel. In the following passage Sofie shows us her desire to avoid Rahel, when she (Rahel) is experiencing sadness, anger or anxiety.

If she's more angry then I'd probably stay away and leave her alone.

But if she's sad then I'd probably ask her if she's okay. Probably more likely to leave her alone, 'cause she goes all quiet.

Sofie's desire to avoid Rahel at these times appears to be linked with the impact which Rahel's anger and sadness have on her. She demonstrates her sense of being unsettled and even afraid when Rahel experiences painful or negative emotion.

Researcher – How do you feel when she's sad?

Sofie – Uneasy? Um, ja, it's like something's wrong. The whole house is affected. Um, ja, I feel helpless I think.

Researcher – Helpless. Um, does that mean that there's something in you that feels 'I want to help her but I can't'?

Sofie – Ja, don't know what to do.

Researcher – Don't know what to do. Tell me about that. What's happening there?

Sofie – Um, I don't know I just like think maybe I should like, um, clean the kitchen (laughs) or something I don't know, or just go and talk to her, but I'm a bit scared.

Sofie's response to her mother's painful feelings appears to be ambivalent here. On the one hand she feels a need to withdraw from her mother, reflecting on the feelings of anxiety and fearfulness which these emotions evoke in her. These feelings in Sofie cause her to withdraw from her mother, avoiding the encounter with Rahel's pain. On the other hand Sofie describes her impulse to help her mother by, for example, cleaning the kitchen. This need in Sofie may reflect her desire to ameliorate her mother's pain by attending to particular needs related to Rahel's role in the home. The impulse to repair, as it could be described, is matched against the impulse to avoid. Avoidance in this instance reflects Sofie's need to dissociate from those aspects of her mother's experience which, because they evoke feelings of fear and anxiety, are intolerable to her.

The theme of avoidance runs through most of the narratives of the adult children. Sandler (2003) articulated the notion of avoidant attachment, describing the intrapsychic and relational mechanisms by which the child disavows and disengages from the mother's jarring affective states. For Sandler, avoidance emerges as a relationally enacted defence against painful feelings, with denial as an intrapsychic correlate. The avoidantly attached child, suggests Sandler (2003), experiences anxiety in relation to the mother as a primary affective state. We can see this reflected in the anxiety and fearfulness which Rahel's daughters experience in relation to her painful feelings, and in Sofie's display of avoidance as a mechanism of dissociation in relation to these feelings.

4.3.2.2 The disruption of a capacity to feel: The dissociative defence

The primary evidence of a repetition of Rahel's unconscious patterns in Sofie relates to her disrupted capacity to process painful emotion. The following two passages reflect the unformulated, ambiguous and confused quality of Sofie's expression of emotion.

UM, ... I suppose like what I feel is sort of like ... (mumbles inaudibly) ... but sort of like uh, like my heart, like like you know I get like a shock, and I sort of just don't want to feel it anymore.

The following passage comes from a point in the interview in which we explored Sofie's experience of conflict with her mother.

Sofie – Ja, like I feel like attacked almost, I don't know.

Researcher – And if you're feeling attacked? Are you aware of your emotions at the time?

Sofie – Um, I don't know, like I don't (long pause) but like, I suppose if I was feeling like I was being attacked I would feel frightened, but I don't really feel (pause) scared, I just...

The feelings of fear and anxiety emerge in these passages through the unformulated and uninterpretable quality of the sentiment. The unformulated quality of feeling also emerges in Sofie's approach to narrating her experience of her relationship with her mother. Sofie's positive memories of her mother connect largely with Rahel's being a caring, nurturing and attentive mother. The negative memories relate to Rahel's experience of anger, as well as her experience of painful emotions. Sofie described Rahel's withdrawal into a quiet space when she is angry. This experience was quite anxiety-arousing, and led to Sofie's "staying away" from her mother in these times. She withdraws into a private space when confronted with her mother's negative emotions. It is important to consider Sofie's withdrawal from Rahel's negative emotions in the light of a collusive dissociative process. Feeling anxious, uncertain and at times frightened of Rahel's negative emotions, Sofie disconnects from her mother. Sofie's withdrawal reflects her own resistance to feeling particular emotions connected with her mother's painful experience.

The work of Fonagy (1998, 1999, 2001, 2005) is important here. Fonagy's exploration of the quality of relationship between mother and child has contributed to theories of the intergenerational transmission of trauma. Fonagy's concept of mentalisation is central to this analysis. Mentalisation

refers to a reflective capacity, by which one self is able to come to know of and articulate the lived affective experience of both that self and others. The affective contents of self and other become known through a largely intuitive capacity, which develops in the context of secure attachment between mother and child. Through the analysis I aim to demonstrate that the avoidant attachment existing between the traumatised mother and her child leads to the development, in the child, of a difficulty with articulating and knowing felt experience. Sofie demonstrates her struggle with describing her own feelings, and with allowing herself to contemplate and reflect on her mother's feelings. This, I suggest, leads to the re-emergence, in the second generation, of the same disruption of narrative and relationship which emerged in the mother. The analysis will further demonstrate the link between the disruption of a capacity for mentalisation (Fonagy, 1998, 1999, 2001, 2005) and the expressions of unformulated experience (Stern, 1997), in which both mother and child were seen to articulate emotional experience in a fragmented, unclear, and incompletely knowable manner.

4.3.2.3 Interpersonal collusion with the conspiracy of silence

Important evidence of the transmission of relational themes related to Rahel's trauma concerns Sofie's concealment of her emotions. Emotions become relationally dissociated. Sofie processes her emotions internally, preferring to disconnect from others when experiencing emotion.

I like to deal with, well, to deal with things myself. Um, sometimes if I tell people things they'll want to talk about it and analyse it, like sometimes people won't have the correct understanding of. Ja, I like to deal with things myself.

There is evidence of a link here between Sofie's processing of her own emotions and Rahel's defensive isolation of herself when experience painful affect.

In terms of Sofie's awareness of her mother's traumatic history, and the current emergence of that history in Rahel's lived experience, she said the following.

Sofie – I think sometimes she's upset and we don't know what's happening, and then someone will say something afterwards, and then we're like oh, and then sometimes we can figure it out. I don't know exactly the details. Like she's always dropped hints like how her mother was really sexist, and um, stuff, but also just recently she's said

stuff about probably physical abuse, but I think there was a lot of mental abuse, well, not mental abuse, verbal abuse. A lot. Um, but like she didn't say physical or stuff.

Researcher – It feels like it's something she finds difficult to talk about, and I wonder what your experience of that is.

Sofie – Um, mhmh, I think I can understand her being like 'I won't talk about it'. Like, I would probably find it uncomfortable to talk about it. Um, ja. Um, uh, like I really do want to know. She's my mother. But if she's uncomfortable talking about it then I'd rather not.

We see in this passage that Sofie has a vague and incomplete knowledge of her mother's experience. At times she is aware of her mother's darker emotions, but has no sense of where they come from. She also senses her mother's desire to avoid communicating the experience. In line with Danieli's (1985) notion of the conspiracy of silence, we see Sofie's cooperation with this desire by avoiding such conversations through retreating into a secluded space. This process demonstrates Sofie's collusion with Rahel's need to dissociatively disengage from painful affect; both mother and daughter cooperate to obliterate the memory of the trauma, reflecting an interpersonally arranged collusion that is aimed at dissociating from painful experience.

This aspect of Sofie's narrative can be considered in light of the children of survivor's collusion with their mothers' dissociative response to their histories of trauma. This analysis of the adult children's narrative, considered in terms of the intergenerational transmission of trauma, emphasises the impact of the mother's dissociative process on both the child's psychological structure as well as the relationship between mother and child. It will be shown how the mothers' dissociative disengagement from their traumatic histories, both internally through unconscious processes of splitting, forgetting and disavowal, as well as relationally, through conscious processes of avoidance, silencing and hiddenness (Danieli, 1985), becomes echoed in the child's adoption of a compliant or collusive relational posture. Grand (2000) described the child's collusion, in which the child cooperates unconsciously with the mother's need to dissociate from the traumatic history. Grand (2000) observed the child's imperative to dissociate from her own unendurable awareness of internalised maternal injury, describing the pattern of denial and disavowal which this sets in motion, in the survivor generation as well as future generations. This

relationally enacted mutual dissociation can be seen in Sofie's response to her mother's traumatic history.

It can be seen, however, that Rahel's history of dissociative disengagement from the fact of her being abused, her history of obliterating the memory of the trauma, has begun to shift. Rahel's attempt to come to know her history of trauma is one example of this shift. This is an internal process and reflects a healthy attempt at a restoration of selfhood. The second example is a relationally manifested one, and emerges in the context of Rahel's relationship with her daughters. In these relationships we see on the one hand the daughters' coming to know of their mother's trauma through her vague and incomplete narrative. On the other hand the children are witness to their mother's confounding polarity of timidity and aggressiveness, as well as her retreats into silence and hiddenness. In these moments, which are potentially frightening for the children, as they are for Sofie, we see the re-emergence of the traumatic history in the current relationship, where it is becoming known to both the survivor as well as her children.

4.3.2.4 Timidity and compliance as a reparative gesture: The avoidance of conflict

Important evidence of the transmission of traumatically-generated relational themes from Rahel to Sofie lies in their shared need to avoid conflict, and their timidity in the face of confrontation. In the following passage Sofie reveals her response to confrontation with her mother, and with people in general. She describes her acute discomfort, sense of vulnerability, and her need to evade the conflict.

Sofie – Um, just really uncomfortable. I just want to get away. I don't particularly, ja, no one really likes arguing. Well, I suppose. Haha.

Some people maybe do like to argue a bit. Ja, I'd just rather not.

Researcher – You say it feels uncomfortable. Can you find other words for uncomfortable?

Sofie – Um, ... upset, um, I generally, if people start shouting at me I generally start to cry. But ja, that's my thing. um, ja, um ... mh...

I suggest that Sofie's avoidance of conflict with her mother, her deep desire to avoid upsetting or disappointing her mother, and her general relational timidity, may reflect the same kind of reparative gesture (Kohut, 1971; Ulman & Brother, 1988) which Rahel's timidity, self-sacrifice

and compliance with her abusive mother's requirements was seen to reflect. Sofie's timidity and compliance may be conceptualised as an attempt to restore and repair the internal representations of the self-object union which had potentially been damaged by Rahel's unpredictable expressions of dissociated rage, anxiety and despair. Further to this, Sofie's struggle with allowing herself to narrate her mother's negative qualities may reflect a need to disavow the presence of these qualities, and can also be seen as a reflection of her need to repair a shattered internal representation of self and other.

4.3.3 Anne: Primary analytic themes

4.3.3.1 The silencing of trauma

The concealment of the trauma, both internally as a dissociative defence against painful feeling, and relationally, through interpersonal avoidance and withdrawal, was central to Anne's narrative. This tendency can be seen in the following passages, which reveal Anne's secrecy both in the past and in the present.

There was nobody really to go to, no one to tell. I was too ... embarrassed? Disgusted with myself? After that I became quite a sullen teenager, without telling anybody. And I just had this huge huge secret that was buried so deep. And when after that I had that bad experience okay, it passed but it never passed you know it never leaves you. It kind of just sits for the rest of your life.

My kids are growing up, and what do they know, they know nothing.

I protected them, I never told them.

The passages quoted above reveal the quality of dissociation that manifests in Anne's narrative, through deletion and replacement in the narrative. The analysis of data reflected various manifestations of the mothers' deletion, distortion and obliteration of the traumatic history. I am considering this in terms of Stern's (1997) explorations of dissociation. Stern clarified the notion of narrative rigidity, whereby the traumatised self, in its efforts to dissociate from intolerable affect, leaves portions of the self unspoken. This involves the restriction of the composite, multiple self (Hermans, 2002) to a singular self, in which only one, or a small number, of possibilities for meaning are considered by the teller. The notion of narrative rigidity in the mother

is considered here in terms of the child's knowing of the mother's experience. The defensive deletion of parts of the self from the self's narrative of lived experience, as articulated by Stern (1997), creates a relationship between mother and child in which large parts of the mother's lived world, and of the mother herself, remain unknown to the child.

The dynamic of concealment and revelation is an important one. This dynamic reflects an important theme concerning the seemingly uncontrollable, and so unconsciously driven, patterns related to Anne's narrative of her history of trauma. Anne's dissociation from her traumatic history, which manifests interpersonally as a concealment of that part of herself from her children, is connected with her resentment of self and other, as she experiences herself as isolated, deeply wounded and unseen by those close to her.

The minute you go out your front door everything's just so secretive and so ... in your head you know, and you just resent everything, and you don't want to be there, and you do things with such resentment and such anger and such hatred, and embarrassment.

This resentment, I suggest, may manifest in Anne's behaviour in her aggressive acting out behaviour, to which her children are witnesses.

4.3.3.2 The expression of psychological distress through the body

We see in the following passage an acute manifestation of anxiety at the level of the body. Anne's anxieties were disclosed through her body. They were seen, but, being unexplained, were never known.

When I started having anxiety attacks, that's how I reacted, with all my anger inside. I started beating myself up with a hairbrush and scratching, and making my self bleed. So the kids know that, they know that I scratch, they try and stop me but it's difficult because I believe that it's itchy and they say it's not. I feel itchy, and then when I've drawn blood I'll stop scratching. I have scratched my body so much that there are scars all over, so I don't like anyone to see my body. I've never been able to work out what really brings it on except

when I'm anxious, or when I'm pushed in a corner and I don't have a voice, I don't know how to get out of that corner.

The embodied expression of affect is seen again in the following passage.

The kids would not realise that I was totally freaked by something. I don't think I knew myself. You know at that stage I used to hit myself with a hairbrush. Hit myself over the head. And they remember it 'cause they refer to it. They remember my bad behaviour, which makes me feel a little guilty. They didn't know it and I didn't know it. ... I didn't know how I was feeling. For the kids that was hard you know, 'cause they really didn't understand what was going on. They were questioning me, and I just flew off the handle and was screaming and crying.

In these passages we see the unconsciously driven expression, through Anne's body, of a self-inflicted unknowable pain. She says she has never been able to work out why it happens, reflecting the unconscious motivation of the act of scratching. The children were witness to a wordless process, which found form in hitting, scratching and bleeding. Trauma theorists, particularly Green (1983), Caruth (1996), and Haines (2002) have described the position of children of survivors as witnesses to their parents' suffering. This notion is considered in relation to the premise that trauma is an experience which resists mental assimilation by rupturing the symbolic foundations upon which experience is rendered meaningful, and so disrupting the formulation of traumatic history into a coherent narrative (Berger, 1997; Bonomi, 2004). The consequence of this is that traumatic histories, instead of being integrated into the survivor's psychological structure through narrative, are dissociated, and become enacted through bodily and behavioural representation. I consider the position of Anne's children in relation to this, emphasising their being witness to Anne's demonstration of uninterpretable, unknowable distress through her ruptured skin.

The cause of the scratching, for the children, was a mysterious itch, which Anne experienced as so powerful that she had to scratch herself to the point of bleeding, but which the children could not fathom. It can be suggested, however, that the vehement emotions which Anne experienced in

relation to her trauma, and from which she dissociated for the sake of survival, had a disintegrating impact on her sense of self. Such disintegration, I suggest, was expressed through the creation of ruptures on the skin, where Anne's internal brokenness and fragmentation found expression. Further to this, Anne's scratching embodies the theme of wordlessness, in which her response to trauma found no adequate expression through language, and so was declared through her ruptured skin.

4.3.3.3 Expressions of dissociated traumatic affect in the relationship with the child:

Feeling the traumatic past in the present

Anne told me about experiences when the children were much younger, when she behaved in enraged and frightening ways. This is demonstrated clearly in the following passage.

With my oldest one, my anger used to come out until I realised that she was scared of me. Take it⁹ away from me or I'm going to actually scream. I used to phone my husband sometimes and say 'come take her away I'm going to hit her'. And I could feel that my anger was abusing. He used to come home and take her for a drive. She was the sweetest, and she still is, you know, she was forever a smiling happy baby. I don't know what was irritating me. She was too happy, too sweet. I don't know. I had so much anger in me at the world and myself, I definitely had a lot of anger at me. My anger used to come out until I realised that she was scared of me.

In this passage we see mysterious emotion that is not known by the children; the deep unknowable emotion of the injuries to the traumatised self. These passages reveal the extent to which Anne's history of trauma consumes her current lived world. She says she feels the pain of her history more than she feels current pain.

I feel that pain more than I do pain today. So I'm not emotional with my everyday stuff, I'm almost, I reached a stage when I didn't care.

This picture is consistent with the theme of the trauma survivor's defensively motivated dissociation from the full emotional impact of the trauma at the time of its occurrence (Van der Kolk & Fisler, 1995). When she was exposed to sexual violation in childhood, Anne had to

⁹ "Take *it* away." - Anne is referring here to her daughter, when she was an infant.

dissociate from the experience so as to survive. The knowing of the trauma has emerged more completely in her adult life, as she begins to remember the painful intensity of her feelings. We see this in the following passage, in which Anne's recollection of her traumatic past influences her current affective state. The effects of this on Anne's children are evident here.

It's not a very nice thing because sometimes I actually seem to almost forget about it, you know, I pack it away so deeply. If the kids then ask me why I'm in a bad mood or why I'm not talking to anybody it's very difficult for me to explain, 'cause they don't really understand where I'm really coming from. Obviously, and from my side I can't help it you know, it's a side of me that ... goes away. And then I think I make them heart-sore because it upsets me, so it's a whole wicked cycle.

We see here Anne's dialectic of emotional responsiveness as it relates to past and present. Anne's history is felt more keenly than her present; she is more present, more alive, to old injuries. Her intense emotions do not belong to the present. Anne's children are witness to her intense traumatically-generated emotions, they do not understand the emotions, and, as she suggests, are deeply saddened. The image which Anne uses here of the "wicked cycle" gives a sense of the unconsciously motivated and uncontrollable quality of the experience. She finds herself unable to dissociate from the painful affective states associated with her trauma. These affective states break through her psychic barrier beyond her conscious control, and are witnessed by her children.

The literature has demonstrated the pattern of painful, dissociated traumatic affect re-emerging in the adult life of survivors. Huopainen (2002) described the link between the dissociation of aspects of lived experience in relation to the trauma, and the later re-emergence of these aspects, articulating this as a process of intrusion. The dissociated experience enters or intrudes in the survivor's future relationships, where its presence is treated with a similarly dissociative response. The impact of the mother's expression of intense dissociated affect on the children will be articulated throughout this analysis as the primary focus of this exploration of the intergenerational transmission of trauma.

4.3.3.4 Splitting off from the traumatic history: Dissociating from the traumatic past

Anne left home after school, at the age of 18, never to return. The act of leaving home represented Anne's silencing of a terrifying, deeply humiliating chapter in her life. She left home, detaching from her family, and dissociating from her sexual trauma. Through this we see Anne's internal and relational dissociative process, which represents the primary evidence of conscious and unconscious patterns linked with Anne's traumatic history. Anne's narrative reflects internally and relationally enacted dissociation. She described how this manifests in relationships in general, as well as specifically in relation to her children. Her storying of her experience was also constructed as an effort to "cut a long story short", and to "make like it never happened". In this we see Anne's dissociative relationship with that part of her history. The following passages demonstrate the splitting off of the traumatic history.

I blocked myself off absolutely entirely once I left that part of my life,
I decided I've got a new life, I remoulded myself.

So what I did was cut off a part of my life, and never ever spoke about
it, told anybody. I never even told my friends that my mother had
died.

I just cut it off. Nobody sore, nobody's going to know, and I had huge
anger at him and at myself for not doing something about it.

Anne shows us here the consciously and unconsciously driven dissociative disengagement from the painful facts of her traumatic history, taking place at the level of the intrapsychic. The following passage reveals this dynamic manifesting in the context of the current relationships. The passage reflects the notion of concealment and retreat as a relationally manifested dissociative process, and demonstrates the influence of Anne's trauma in her current relational world. Anne seems to have little conscious control over this process.

Researcher – When you respond in a way that they (the children) call
sensitive, or angry, obviously these behaviours have a history. What
sense do they have of that?

Anne – They don't have a sense of that. I haven't spoken about this in a long time, not even in therapy, we go past it and then I don't go back. It's in a box. I don't go back.

Anne described a process of internal division of selfhood, in which her emotional self becomes disconnected and displaced, and what takes over is a more functional self. The process which Anne described here is considered in the light of classical and relational psychoanalytic reflections on trauma and dissociation. Ferenczi (1932/1985) described the fragmentations of self instantiated by traumatic experience. These fragmentations cause a split in the self structure, such that parts of the self become disconnected from the experiencing whole; the traumatised self is, in part, subjectively and intersubjectively deadened (Lifton, 1979; Bokanowski, 2004). Bromberg (1998) described the deadness to participation of dissociated self states, emphasising the absence of these dissociated states to the relational surround. In relation to this, we consider Anne's experience of herself as, on the one hand, split off from her history of trauma, and as, on the other hand, internally divided along the psychological fault line of her own traumatic rupture.

Anne describes this division as a feeling of wearing a mask, in which part of her that is less authentic, less alive, but more enduring, is shown to others. Those parts of her which are troubled by the pain of her traumatic history are concealed behind the mask, and hidden from the relational surround. This process reveals a consciously mediated link between Anne's traumatic history and her current experience. She describes putting on masks, so as to fulfill a particular function in a manner which splits off traumatic affect.

Anne – I don't believe I've been a good parent. People will tell me that I've been wonderful and my kids are wonderful, but a lot of it's the show that I've put on all the years. I used to put on a lot of shows; a lot of masks.

Researcher – Would those masks be about being present and doing things as they should ...

Anne – As they should be done, not necessarily how I really would like to do them, or deep down how I felt.

The disconnection from painful traumatically-generated emotion can be seen more powerfully in the following passage, which demonstrates the absence and numbing of the feeling self, and the

emergence of a robotic, functional mothering self. In this moment we can see the continuation of Anne's dissociative defence, in which she survives painful psychic experience by detaching from it, numbing it out, or forgetting it.

I just did what I had to do. There was nothing much in me. I remember just being a robot. I would never hurt the baby, I just used to see that she was clean and fed and whatever, and I just went through the motions, but I was dead ... I can't explain it. I didn't want to be there. I didn't want to be anywhere. I didn't want to be.

This passage, in which Anne describes an experience of self as robotic, and a desire to not-be, reflects a sentiment which she expresses elsewhere, in which she describes herself as a "non-person". The absence of subjectivity, feeling and engagement with intersubjective experience, is reflected strongly here. We see in this description the disruption of the feeling self. In this passage we see Anne's powerful need to not be; her need for a part of her self to cease to exist. This experience has reflections of the trauma survivor's dissociative obliteration of the part of the self which has been wounded by the traumatic experience.

This analysis emphasises a perspective of trauma in which, at the moment of traumatic rupture, a part of the self becomes obliterated. There is a component of non-experience and no-self at the time of the trauma (Blanchot, 1995). The theory associated the fact of dissociative non-experience with the primarily unsymbolised and therefore unspoken quality of trauma. Winnicott (1971) and Ogden (1989) clarify the contextless, timeless and unspeakable quality of such experiences. Within this, the traumatic history stands for an experience to which the experiencing "I" was not fully present. Further to this, as a contextless, timeless, unspoken experience, the traumatic history emerges constantly in the traumatic self's subjective future. It is suggested in relation to this that the traumatic history, as a non-experience of the past, becomes established again and again in the survivor's experiences of non-being; in their experiences of being a no-self, in the present moment (Blanchot, 1995). Within this, dissociation is grasped as a disruption of lived experience, in which the subjective self becomes partially deadened to both itself and the other. Anne's not wanting to be, and not wanting to feel, corresponds with the need to dissociate from the fact of the trauma. We can therefore see the operation of the dissociative defence, which was originally associated with trauma, playing out in the relationship between mother and infant child. In relation

to this then, it is important to explore the possible impacts of Anne's dissociative disengagement, which manifests in the form of a sense of numbness, absence and non-being, on her child. The suggestion of this analysis is that such experiences in the mother may be associated with painful feelings of abandonment, absence, isolation and anaclitic despair. The notion of anaclitic despair is linked here with Blatt and Levy's (2003) description of the anaclitic pathologies. The authors use this term to describe the dissociative and avoidant responses adopted by children in their efforts to manage painful feelings of separation and loss of attachment, and to negotiate these feelings within the context of the relationship between mother and child. This aspect of the shared experience of mother and child has important implications for the analysis of trauma and its transmission.

4.3.3.5 Timidity and aggression: A confounding polarity

One final theme which is important to consider, particularly with respect to its potential impact on Anne's children, concerns the polarity of aggressive acting out on the one hand, and timid, inhibited, compliant and self-sacrificial behaviour on the other. Anne suggested that her timidity, shyness and sense of inhibition developed as a result of her having no support in her childhood. Her father was emotionally abusive and alcoholic, and although she was close to her mother Anne found little support and containment, having been sent to boarding school at a very early age. In relation to this we note Anne's descriptions of her defensive response to the anger and pain which grew in her following her experiences of sexual abuse. Anne tells us that she silences her feelings of anger; she walks away from her anger, and does not confront the other, with whom she feels angry. On the one hand this walking away manifests as timidity, and aversion to confrontation and conflict. On the other hand, timidity and inhibition of feeling manifests as an interpersonally arranged dissociation from negative experiences such as anger and hurt. We see this in the following passage.

So I'd rather just keep quiet or walk away, and put the anger somewhere else; inside. Oh ja, or scratch, that would be my external. But I would keep quiet and swallow it and get a stomach ache or heart burn, but I was not going to say anything. That's how my youngest basically know me.

It is important to note firstly that Anne's dissociative process results in the non-expression of painful and negative affective states. On the other hand such dissociation is linked with Anne's embodied expressions of pain and anger, which, as she suggests, were witnessed by her children. The anger becomes swallowed; taken into the body where it resides, festers and haunts her. This process is consistent with the experiences of survivors of trauma, whose dissociative responses manifest as an internal and interpersonal obliteration of feeling. However, as Anne shows us, "it passed but it never passed you know, it never leaves you. It kind of just sits for the rest of your life". Anne's sentiment here conveys the sense of trauma as residing within her, as a psychic core which she attempts repeatedly to extract; perhaps by scratching it out. She attempts to obliterate it, ignore it, and avoid it. However, Anne's expression of pain and anguish through her body, and her mysterious demonstrations of anger and rage which were witnessed by her young children, reflect the uncontrollable emergence of dissociated emotion in the current relationship. Such experiences reflect a confounding polarity, in which Anne's children were exposed to a mother who was in part timid, inhibited and compliant, and in part aggressive, frightening and deeply wounded. The deep sense of insecurity within the attachment relationship, which this dynamic may have led to, is a vital aspect of the analysis of the intergenerational transmission of trauma within the relationship between Anne and her adult child, Jonathan.

4.3.4 Jonathan: Primary analytic themes

4.3.4.1 Knowing and not-knowing the mother's traumatic past

Jonathan's knowing of his mother's history of trauma is ambivalent. He describes a total lack of awareness of the fact of his mother's struggles until age 15.

In the beginning I never knew. I never knew that there were issues. I didn't know about a lot of things, for many years. For 15 years, didn't notice.

She was upset. And you would see she'd get really down. And you'd never know why, and you'd hug her and she'd cry and you just didn't understand. I still don't even know 100% of what causes it.

Jonathan described his unawareness regarding the nature of his mother's experience. He demonstrated how for vast portions of his life he was oblivious to his mother's emotional

experience. It was from the age of 15 that Jonathan became more acutely aware that his mother had suffered. He spoke of an instinctive knowing of this suffering, but never being quite certain.

So you would know something's up, but you would never quite know what it was.

Jonathan struggled with the element of secrecy and hiddenness, and described his sense of relief at knowing at least something of her internal experience. We see that Jonathan's not-knowing emerges in part as a result of his mother's concealment of certain parts of her story, and in part as a result of his conscious decision, and felt need, to avoid his mother's history of painful, traumatic experience. As Jonathan suggested:

I never really dug deeper than that. You don't worry about it. It was okay.

An important theme of knowing and not-knowing emerges here, which is central to the analysis, and relates closely to the literature on the intergenerational transmission of trauma. Grand (2000) spoke of the dynamic of knowing and not-knowing, emphasising the notion that trauma is unknown within a family's historical narrative, and can become known only indirectly, through bodily enactment of painful traumatic affective states, memories and internalisations. These enactments take place inside the relationship between the survivor and the other, and they convey the despair of the traumatic experience asymbolically and prelinguistically. Through this the experience remains unformulated (Stern, 1997), and is only vaguely knowable by the children of survivors. Jonathan witnessed Anne's demonstrations of traumatic despair, through her expressions of unfathomable rage, her psychic absence and numbness, and her bodily demonstrations of self-injury. Through this he developed an unformulated knowledge of his mother's history, which only became clear, to a degree, when he was 15 years old. The impact of this, as I shall suggest, is not clearly demonstrated through Jonathan's narrative, as he described only his positive experiences of his mother. He shows us his sense of confusion and not-knowing, but does not identify particular painful emotions which this may have evoked in him. It is towards making sense of this that we now turn.

4.3.4.2 The child's experience of the mother's internal world: Masking the emotion

Jonathan described his uncertainty regarding the nature of his mother's authentic lived experience. In describing his awareness of his mother's struggles Jonathan articulated himself in a manner

which was barely audible on the voice recorder. I could not fathom what he was saying, except to say that he began the particular portion of the story by saying:

And then um, we had a strange couple of years when I think everything blew over. Then it was bad ... really bad. Um, never, like she wasn't functioning.

Jonathan experienced in his mother a sense of internal fragmentation, volatility and inconsistency. He described a period of his life when he knew his mother to be one sort of person, and then she became another person.

I walked away from her and I turned around and it was just so much for me, and I just said "I want my mother back". She told me years later that that was actually a big turning point. Obviously she realised she had become different.

This is seen again in the following passage.

It was almost as if she was an entirely different person. And that's unusual for a 15-year old, when you become accustomed to certain ways and then all of a sudden for a couple of weeks she's different. It was weird in the sense that um, I would look to my dad for answers, and he would answer "there are things that you don't know."

We see in these passages that when Anne experienced pain, suffering and anger, she behaved in a manner which Jonathan experienced as a dramatic departure from who he knew her to be. This experience was also defined by a sense of Anne as having gone away. Her suffering disconnected her from Jonathan, to the extent that he uttered a desperate plea for her to return. The experience of Anne's "putting on masks" reflects in this passage, as we see the mask coming off at a point in Jonathan's adolescence. We see here how frightening and unsettling it was for Jonathan, as Anne's dissociated emotion began to surface. In terms of Anne's emotional availability, as she showed us, she had to "wear a mask" in an effort to engage with others. In order to show that she was present emotionally, which she felt she was not, she had to wear a mask. She experienced a kind of internal deadness, but needed to conceal this. I asked Jonathan if he ever sensed this, and he said he did not.

Researcher – She described it to me as kind of wearing a mask sometimes, so it wouldn't be seen. Were you aware of that?

Jonathan – (*Shakes his head*) Never.

Researcher – Okay

Jonathan – ...Until Durban, when I realised there's two sides here.

You know, there's the very emotional side of mom that was hidden, was hidden for years. That I've never seen before. And then there's the mother who every one loves.

I consider here the possibility that Anne, in her efforts to be functional as a human being and a mother, whilst surviving the depth of her own painful emotions, was at times not completely herself. Her agony was hidden behind a mask of functionality. Orange (2011), in her discussion of Ferenczi, gave the following observation which reflects this dynamic in Anne: "Sometimes, the despairing turn up in very competent outward guises, so that their trauma does not immediately become visible" (Orange, 2011, p. 84). I suggest that it was only when Jonathan was 15 that he began to encounter the dissociated emotions which his mother had to that point so successfully masked. The emergence of Anne's pain, rage and woundedness can be seen as the uncontrollable expression of dissociated emotion, within the relationship between mother and child. The compliant, inhibited, timid self was replaced by an enraged, wounded self. We see in relation to this Jonathan's sense of shock and dismay, and his desire to not know this part of his mother.

Jonathan's statement that he did not know about certain aspects of his mother's internal experience, I suggest, is also reflective of his deep need to dissociate from those parts of his mother which he experienced as too painful to endure. Just as Anne desired for certain parts of her self to not-be, so did Jonathan desire for these parts of his mother to go away. He desired the return of the part of his mother that he could tolerate, enjoy, feel safe with and love. The traumatically-generated aggressiveness, self-destructiveness and numbness in Anne were too painful for Jonathan to endure, and so he felt a need to avoid or entirely dissociate from these parts.

4.3.4.3 Avoidance of the mother's distressful emotions

Evidence of Anne's unconscious patterns being repeated in Jonathan's experience relates specifically to dissociation as an unconsciously motivated defence against painful feeling. Jonathan's relationship with his mother's history, and with her painful and conflicted emotions, is defined by avoidance, which I am conceptualising here as a behavioural and relational

manifestation of dissociation. The child's avoidance of the mother's painful affective states, as I shall demonstrate, is closely linked with the intergenerational transmission of trauma, and reflects a relationally manifested dissociated process taking place within the mother child relationship.

The attachment-oriented relational psychoanalytic theorists established the link between unresolved loss or trauma, and infant disorganisation (Lyons-Ruth & Block, 1996; Fonagy, 1998 & 1999; Sagi-Schwartz, Koren-Karie & Joels, 2003; Lyons-Ruth, 2003; Pearlman & Courtois, 2005). The mother's frightened or frightening behaviours, and her lack of internal cohesion and consistency, represents an insoluble dilemma (Lichtenberg, 2003, p. 170) for the child, who experiences his mother simultaneously as a source of safety and threat. The child consequently adopts dissociation as a primary defence geared towards restoring safety. Intrapsychic and relational avoidance is a primary mechanisms by which the child is able to dissociate from awareness of the mother's traumatic affects.

When Jonathan becomes aware of his mother's painful emotions he feels compelled to avoid her. He moves away, witnesses silently, and returns once she has regained a sense of well-being. We see this in the following passage, in which Jonathan describes his experience of his mother's depression.

I mean, the word depressed is overly used, but possibly a depressed kind of attitude. Um, miserable, everything's a mission, sickly, headaches, you know? Short-tempered. General under the weather, everything's just too much. So you would have to then back off, let her be.

We see a disruption in the relationship between mother and son when Anne is emotionally unsettled. Jonathan moves away from her, and then again towards her when she is well. This brings into focus considerations around how this may have impacted upon Anne's relationship with her children when they were younger. The ambivalence in the attachment is evident here, and reflects the notion that there were times during Jonathan's childhood when he experienced his mother as absent, unavailable and volatile. During such times Jonathan would distance himself from his mother in an effort to cope with the painful feelings which his mother's experience

evoked in him. These painful feelings, it is suggested, were defended against through mechanisms of avoidance and dissociation.

4.3.4.4 Reparation and the description of the idealised self-object union: Dissociating from the bad mother

Jonathan dissociated from emotional experience by giving descriptions of negative experience which convey the experience incompletely, and giving hyperbolic descriptions of positive experience. In describing his mother, he said the following:

She's fantastic. I cannot complain. I'm very close to my mom, I cannot be closer.

The little things are so special. Um, when you're sick especially ... nothing's too much. If you are sick, and you want 25 cups of tea within 5 minutes they will all be there.

We are best friends, and the relationship's very healthy. I think it's very open and honest.

Jonathan's memories of positive experience convey the sense of closeness and safety which he felt in relation to his mother. I suggest that Jonathan's idealising descriptions of his mother can be interpreted in two ways. Firstly, this narrative trend reveals his need to dissociate from the painful feelings which he may have experienced in relation to her anxiety, depression, occasional aggressiveness, and self-mutilation. Jonathan told stories of the good mother, who was kind, open, nurturing, loving and ever-attentive. Considering Anne's descriptions of her experience of resentment, deadness, anger and despair, it is important to note the absence of these descriptions in Jonathan's narrative. What we can see here is the defensive exclusion from the narrative of those parts of Jonathan's relational experience which he struggled to accept, acknowledge and integrate within himself. Jonathan's narrative process, by which he excludes, deletes or obliterates particular contents, reflects the notion of narrative rigidity (Stern, 1997), in which the self restricts the possible range of interpretations of experience, so as to avoid painful affective states. It is also suggested, and this will be embellished upon throughout the interpretive analysis, that Jonathan's narrative reflects the lack of internal dialogue of which Bromberg (1998) speaks in his relational

psychoanalytic account of dissociative process. Bromberg's construction of dissociation as a disruption of dialogue between conflicting internal states provides a useful theoretic lens through which to view the kind of response that Jonathan demonstrates here. I suggest that there is a lack of dialogue, within Jonathan, between his painful awareness of his mother's ambivalent and frightening feelings, and his experience of his mother as attentive, nurturing and devoted. He cannot tolerate the ambivalence of these internal representations of his mother, and dissociates from this painful awareness of ambivalence by disallowing dialogue between these diverse representations. This disruption of dialogue emerges in Jonathan's narrative, through his singularly positive reflections on his mother.

Disruption of dialogue, and the dissociative process which it implies, can be considered in terms of Danieli's observation of the link between the unspeakability of traumatic histories within the family system, and the intergenerational transmission of trauma. As has been noted, Danieli (1985) observed the survivor's family's unspoken agreement to preserve the secrecy and hiddenness of the traumatic history. Lysaker and Lysaker (2002) explored the notion of dissociation within the narrative framework of the dialogical self. The authors suggest that a disruption of internal dialogue represents a condition of psychic discontinuity, in which certain intolerable parts of the self, being dissociated from conscious awareness, remain unspoken. Lack of internal dialogue between conflicted self states reflects in the gaps in the narrative of self, such that only parts of the self appear, and other parts are hidden.

Evidence of this dissociative defence can also be seen in Jonathan's description of forgetting his childhood. In the following passage Jonathan suggests that he lacks clear memories of childhood, indicating the process of dissociation taking place through forgetting; through the obliteration of memory.

I don't have very clear memories when I was a kid. I have few memories. The one memory I have is my mom got me this book called Frisky the Dog. And every single night she'd read that book to me. I'd fall asleep. It was that memory; we used to lie in the bed and she used to read to me every single night.

Jonathan's tendency towards dissociative disengagement from conflicted emotion reflects an important link between his internal and relational experiences, and his mother's experiences. This dynamic is evidence of the mother's unconscious patterns that are repeated in the adult child, as we see Jonathan's dissociation from the negative, painful, ambivalent and potentially abandoning qualities of his experience of his mother.

The second interpretation of Jonathan's idealised descriptions of his mother concerns the notion of reparation (Kohut, 1971; Ulman & Brothers, 1988), and the re-constitution of self and self-object representations. The analysis of Anne's narrative reflected the surfacing of vehement emotions (Van der Kolk, 1989), including rage, anxiety, despair and guilt, in the context of her relationship with her children. Added to this, Anne described dissociative process taking place, in which she felt a sense of internal numbness and deadness to ongoing affective and relational experience. She described being absent to her own internal experience, and at times profoundly disengaged from the other. The consequence of Anne's expression of dissociated rage, anxiety and despair, with Jonathan as witness, combined with her intermittent psychic absence, could be the experience in Jonathan of a sense of fearfulness, abandonment, and traumatic aloneness. Such experiences could be anticipated in the children of mothers who present with Anne's range of intense traumatic affect. It was noted, however, that Jonathan's descriptions of his mother were defined by idealised representations on the one hand, and dissociation through forgetting on the other. In relation to this, it could be suggested that Jonathan demonstrates a reparative gesture in his narrative, in which he reconstitutes internal representations of self and the self-object union, through an idealised narrative. It is suggested that Jonathan, in an attempt to cope with the feelings of pain and anxiety evoked by his mother's expression of intense traumatic affect, disavows from the fact of these behaviours. He splits off from his awareness and knowledge of his mother's rage, self-destructiveness, absence and unavailability, in an effort to survive the pain of being exposed to these qualities in her. I am considering this as a reflection of Kohut's notion of the vertical split (Ulman & Brothers, 1988) in which the child, through mechanisms of denial and disavowal, splits off from a consciousness of the potential maternal failures which could cause intolerable pain. The consequence of this is the restoration of an idealised internal representation of the mother. The vertical split also implies a denial and disavowal of the fact of the splitting, such that the child is able to stick rigidly to an idealised image of the mother without knowing that he is doing so. This

rigidity is considered in the analysis as a reflection of the lack of internal dialogue of which Bromberg (1988) speaks in his relational psychoanalytic reflections on dissociation.

4.3.5 Margaret: Primary analytic themes

4.3.5.1 Dissociation and the avoidance of painful affect

Margaret's narrative of her traumatic history reflects a disruption of a capacity to feel, which manifests in the unemotional and affectively avoidant quality of the narrative. I view this as linked with her efforts to survive a cumulatively traumatising childhood experience by dissociating from the emotional impact of that experience (Diamond, 2004; Fonagy, 1998, 1999; Liotti, 1992, 1999, 2004; Lyons-Ruth, 2001). This is the primary evidence of an unconscious process that is linked with her trauma, and is conceptualised here as an indication of the dissociative internal relationship which Margaret had with her history of trauma. Margaret acknowledges being hurt by her parents but diminishes the emotional intensity of her experience. She tells a story of detachment, isolation and abandonment by her mother, describing these experiences in various ways. She describes her mother's palpable aggression, being ignored, feeling hated by her, not being seen, and feeling physically rejected. There was, however, little emotion in Margaret's telling, as seen in the following passage.

There was a feeling of, can a person say this about your mother, that she didn't like you? And I can't remember if she was drunk at the time or not. I can't remember how old I was. When she was drunk she was extremely aggressive; very aggressive. She would physically fight with my father. He would defend himself from her. I remember seeing this. Now whether that happened or not I don't know I was a child you don't pick up on these things.

In this passage we see Margaret's descriptions of her mother's aggressiveness in relation to her father. She suggests that she remembers witnessing such incidents, but then declares that she is not entirely sure whether they actually happened or not. It is suggested that this may reflect Margaret's desire to diminish, obliterate or disavow her memories of her traumatic past. Sorsoli (2010) describes this in terms of her notion of the *language of erasure and revision* (p. 132), by which she implies the narrator's tendency to disavow or deny previously narrated experience. Margaret demonstrates this tendency in the last line, in which she seems to revise and negate the

description of her mother's aggressiveness. Further examples of the pattern of erasure in Margaret's narrative are seen in the following passages.

There was never any physical contact, none of that, we didn't do that.
I don't recall her doing it with the boys either. So it wasn't just the girls *she put aside ... um, not put side*, but that she wasn't physical with.

The impression that I got from her was that she hated us. That she um, maybe hate is a strong word.

Returning to Margaret's experience of her mother's aggressiveness, her suggestion that she recalls witnessing such moments, but that she does not know whether they really happened, reflects the internal struggle with acknowledging the painful truth. It is known and not known at the same time; accepted and not accepted. I suggest that this dynamic reflects Margaret's struggle to tolerate the painfully ambivalent internal representations which she has of her mother. To acknowledge the ways in which her mother damaged her would be to accept the loss represented by the ruptured attachment between mother and daughter. It would be to accept that the place of safety, the maternal bond, was and is a dangerous and injurious place.

From the perspective of attachment and relational psychoanalytic theorists (Diamond, 2004; Fonagy, 1998, 1999; Liotti, 1992, 1999, 2004; Lyons-Ruth, 2001) we consider the position of vulnerability of the growing child in relation to an absent, emotionally abusive and rejecting mother. It is suggested that if the child were to remain emotionally present to the experiences of feeling rejected, abused and ignored by the mother, the consequent distressful affective states, such as anxiety, fear and loss, could be overwhelming. In response to this the child adopts mechanisms of defence to protect him or her self from awareness of intolerable pain. Margaret shows us through her narrative that she defends against such pain by, on the one hand depleting her narrative of emotional energy, and on the other hand denying, disavowing or obliterating the memories of her childhood experience. She says, for example, that she remembers witnessing experiences, but cannot say for sure whether they happened or not. In the following passage, which is very similar in content to the passage reflecting the narrative of erasure and revision (p. 135 above), Margaret

demonstrates her disavowal of the intensity of her experience through diminishment and dilution of the content of the narrative.

The prevailing feeling as a child was, um, that ... that my mother hated us? It was not hate, maybe that's too strong. It was that she wished that we weren't there? That we were a lot of work? Which we must have been. I mean 6 kids.

Margaret demonstrates through her ambiguous narrative her obfuscation of her memories of childhood. Through this she reveals a process of dissociation, which emerges through the aesthetics of erasure and revision (Sorsoli, 2010) in her narrative, and facilitates her internal avoidance of the painful emotions evoked when she thinks about her relationship with her mother. In relation to this Margaret describes in the following passage how her recollections of her painful history, and her narrative of that history, are devoid of feelings.

I can tell you, I can give you information, but to try and figure out how you felt about it at the time, it sometimes goes away from you.

We see in this statement a reflection of Margaret's efforts to cope with the pain of living in a pervasively traumatising family relational environment. She had to survive by dissociating from the emotional intensity of the experience. Such a mechanism of survival is consistent with the lived experience of survivors of trauma, and represents a process of internal numbing, avoidance of feeling and affective disconnection. Margaret told her story in a manner which disavows the emotional intensity of the experience. There was no rage, hurt and fear in Margaret's narrative, only dissociation from negative emotions. Throughout Margaret's narrative she was able to identify experiences, but seemed unable to name her feelings in response to these experiences. The absence of feeling was striking, and shaped my experience of Margaret.

4.3.5.2 The disruption of a capacity for relationship: Lonely child, lonely mother

The primary influence which Margaret's history of trauma has had on her current lived experience, over which she feels she has little conscious control, relates to her capacity to connect with others in the context of personal intimacy. This is revealed in the following statement.

It's very difficult for me to connect with people. A true connection, about really trusting someone, I don't have with most people.

Margaret told me that others are able to connect with her on an intimate level, but she feels unable to do the same. She is cautious and alert, but she is taken into the intimate confidence of others. There is a lack of reciprocity in this. Also, there is a continuation of Margaret's history of not being seen fully by the other.

Women tend to do that. They offload and tell you everything about their life; sort of intimate things that you. I know for a fact that I would not. And people tend to offload with me, which I find amazing, because I can't return the compliment so to speak. I enjoy listening to people's stories. They seem to trust me, but I can't seem to return the favour.

This sense of disconnection from others, cautiousness in relationship, and a difficulty with trusting others, parallels the disruption of relationship which Margaret experienced in her childhood, in which she experienced a deep sense of isolation and loneliness, in the presence of a violating and aggressive mother.

There was this sense of being completely alone. There was no connection with anybody, certainly not my mother. She was somebody that I avoided because of her moods.

In this passage we see the pervasive caution which Margaret exercised in relation to her mother. Having to be careful of her mother's moods, Margaret found that she was unable to find solace and comfort when she needed it. We can see this sense of isolation and detachment moving forward into Margaret's adulthood.

I know that I was, as a child, and as an adult now, very lonely, sort of very disconnected. There's a feeling of solitude, in and amongst so many people.

It is suggested that the same defences which Margaret developed in her efforts to survive her childhood experience have persisted into adulthood. She is somewhat mistrustful, secretive, interpersonally and emotionally disconnected, and alone. This extension of her childhood way of relating into her adulthood may suggest that Margaret anticipates in others the same kind of unpredictability, explosiveness, violation and rejection which she knew in her home as a child. Such anticipation has a direct and constant impact on Margaret's current relationships. It has become a relational template that sustains her experience of isolation. From a relational

psychoanalytic perspective we note the developmental origins of dissociative process, considering the intersubjective context within which the dissociative mind is born. Stolorow (2007) described the process of lack of attunement within the mother-infant relationship, in which the child's affective states cannot find a "relational home" within which they can be safely experienced, processed and formulated into narrative. In the absence of maternal containment the child must split off from awareness of painful affective states, so as to survive these states. Given Margaret's experience of her mother as rejecting, absent and abusive, we see the necessity of dissociative process in her development. Margaret's narrative displays the extent to which her intersubjectively grounded dissociative process manifests in the context of her adult relationship, in which her capacity for intimacy and connectedness is compromised. Again, we see what Frankel (2002) described as the foreclosure of possibilities for intimacy in the survivor of trauma, noted in relation to the survivor's history of having to cope with painful experience alone. Margaret's history of being unable to find a relational home (Stolorow, 2007) for her affective states, continues into her adulthood, and sustains her experience of isolation.

4.3.5.3 The silencing of trauma

A link between Margaret's traumatic history and her current relational experience relates to the theme of the revelation and concealment of the traumatic past. Margaret shows us her struggle with her experience of her mother's tendency to silence Margaret when she expressed a need to know, and a need to be informed. The struggles which Margaret experienced in relation to her autistic and at times physically assaultive brother were silenced, and she was deprived of opportunities to talk about and understand the experience. This silencing took place through her parents' aggressive response to any questions.

You weren't really allowed to ask because even if you were I was too scared to ask questions because it would be deemed impertinent. You could get a smack or something, or be told to go away.

There's comfort in knowing information for me anyway. Because I think, if I think now as an adult, as children we were told nothing! Nothing! Nothing was ever explained to us

Margaret suggests, in contrast to this, that she encourages her children to communicate to her their thoughts, feelings and questions regarding their daily lived experience.

I encourage conversation with my children. I encourage them to tell me everything to the point that I get told I'm nosy.

For Margaret, desiring knowledge seems to have grown out of a formative deprivation, in which she was disallowed from expressing her confusion and unknowing regarding certain aspects of her family life. The dynamic of knowing is a dichotomy, as Margaret manages revelation and concealment in relation to her children. Margaret's children, as it appears through both her narrative as well as her son's, are allowed to know facts, but they can know nothing about her emotional experience. The analysis of Margaret's son's narrative reveals more powerfully the sense of hiddenness and concealment, and shows us the difference in perception which Michael and Margaret have of this particular dynamic.

4.3.6 Michael: Primary analytic themes

4.3.6.1 The disruption of a capacity to feel: Dissociation and the avoidance of painful affect

Analysis of Michael's narrative revealed his tendency towards dissociative disengagement from painful emotion. This link reflects the evidence of the mother's unconscious patterns that are repeated in the adult child, and is the primary reflection of the intergenerational transmission of traumatic themes. Michael spoke in an unemotional voice, and demonstrated a need to present the story in the best possible light. Engagement with dark, painful or conflicted emotion was limited, and to the extent that Michael was able to engage with the fact of these emotions, he repeatedly denied being affected by them.

I think like, if I don't know about it, it won't affect me.

It's about trying to make my life easier. So if I don't have to worry about something else then I can focus on what I need to.

There's not much family issues that have actually gotten through to me that could actually affect me in a negative way. I mean the worst that happens in my house is me fighting with my brother, but that's normal.

I'm aware of it but I didn't really read into it much. I don't really want to get involved with that. So, you could overhear a conversation or two, but ignore it because it's like none of my business, so I wouldn't read into it.

These reflections reveal the extent to which Michael detaches from experience by subduing or diminishing his emotional experience. This echoes Margaret's tendency to diminish and dilute the contents of her narrative. Michael demonstrates a tendency to not register experience that could harm him. He looks away from what is present, avoiding the emotional intensity of the experience until he is forced to see it. This demonstrates Michael's avoidance of his mother's distressful emotions, as well as his own. This pattern is evidence of Michael's tendency to cope with painful emotion by adopting avoidance and dissociation as defensive mechanisms.

Margaret's history, and the memories, emotions and relational postures which belong to this history, does not emerge in Michael's relationship with her. In terms of Michael's awareness of his mother's struggles, to the slight extent that Michael has become aware of the more painful aspects of Margaret's history he has chosen to disconnect from this. He demonstrates this in the following passage.

She did say one time that her childhood wasn't good, wasn't really a proper upbringing. It hasn't really been a problem for me so I haven't really thought about it.

Michael's story was stripped of all conflict, and was structured by a dissociative defence and an avoidant relational posture. We see this in the following passage.

I basically just block it out. I don't take note.

I try to just ignore it completely basically.

One of the ways in which avoidance and dissociative disengagement manifested was through the deletions and distortions in Michael's narrative. In this sense Michael demonstrates a similar erasure (Sorsoli, 2010) of lived experience through his conscious decision to block out the painful or conflicted aspects of his history. This erasure, which emerges as a consciously motivated

internal act, is different from the aesthetic of erasure and revision in Margaret's narrative. In Margaret's case, erasure is a ubiquitous process which she is unaware of, and does not acknowledge. Michael, on the other hand, described his conscious decision to block things out and delete them from his daily lived experience.

In terms of Michael's narrative, there were moments when he presented a family-related experience that was markedly different to Margaret's account. Michael recalls pleasant family incidents in which mother, father and the children would go on outings. Margaret described a family that was subdued and darkened by the painful relational disruption between herself and her husband. Michael described having no negative memories of the family, and specifically of his mother. In relation to this it is important to note Margaret's descriptions of her mothering, in which she identifies times when she expressed anger and rage in the presence of the children.

I must admit I used to be the kind of person that used to carry on and scream for a couple of minutes just to kind of let it out; at home and at work. At home if something really makes me angry, I'll shout at them, and I'll kind of scream at them, but it's what I do and I get over it. And they know that 10, 15 minutes, an hour later I'll be speaking to them and I'll be quiet myself.

These unpredictable eruptions of anger were concealed in Michael's narrative, as he gave what could be seen as an idealised version of his mother. It is suggested that Michael may have been quite unsettled or even frightened of these expressions of anger. However, he suggests through his narrative that to the extent that he has witnessed conflict and negative emotion in the household he has been unaffected by it. We see in this the transmission of the theme of dissociation as a defensive coping strategy, employed by both mother and son. Michael's dissociative process, however, manifests as a disavowal of the negative, painful and anxiety arousing aspects of his family relational history. He emphasises the positive experiences, and splits off from affective awareness of the negative experiences.

Michael's demonstration of the dissociative defence, and the relationally and intrapsychically manifested avoidance of painful emotion, can be considered in light of two primary theoretic constructions, firstly, the disruption of internal dialogue between conflicted and painful affective

states (Bromberg, 1998), and secondly, perhaps more centrally, the impact of the mother's traumatic history on the child's development of a capacity for mentalisation. Fonagy (1998, 1999, 2001, 2005) explores the relationship between the mother's struggle with engaging in an affectively real way with her own painful emotions and with the painful emotions of others, considering this in relation to the intergenerational transmission of trauma. To the extent that the child grows up in a meaningful relational environment, which provides him with experiences of having his emotional states contained by the reflective reverie of another (Vaslamatzis, 1999), he becomes able to know fully, and feel completely his own emotional states, and to reflectively hold the emotional states of another. Put differently, he is able to sustain an internal and relational dialogue (Bromberg, 1998) with both his own self and the other, regarding the full range of affective experiences. Mentalisation, in this sense, can be described in terms of its theoretic link with the dialogical activity of the psychologically healthy self. Considering Margaret's demonstrations of the avoidance and dissociation, in which she struggles to hold in mind and feel into her own affective states, it is suggested that this internal dissociative process manifested at the level of her relationship with Michael. Michael demonstrated through his narrative his unwillingness to acknowledge and reflect on the degree to which he is affected by his mother's painful traumatic history. He demonstrated further his lack of engagement with his own emotional experience. This reflects the continuation of the theme of a disrupted capacity for mentalisation, which is borne out of the avoidance of painful affective states in both mother and child. The link between this phenomenon and the disruption of the dialogical self will be flesh out throughout the interpretive analysis (Hermans & Kempen, 1993; Davies, 1998; Bromberg, 1998; Stern, 2002; Howell, 2005; Naso, 2007).

4.3.6.2 Knowing and not-knowing the mother's traumatic past

Michael's lack of awareness of his mother's history was revealed through his confusion and uncertainty regarding her current experience. Michael's parents' relational discord has been hidden from him. He recalls hearing hushed arguments in the middle of the night and never being allowed to talk about it. There is a sense of concealment which Michael finds disturbing, and which parallels Margaret's experience in her childhood, in which no explanations were given for the frightening and at times destructive behaviours of her autistic brother. Michael reveals his sense of his mother's tendency to conceal and hide.

She's hiding problems somewhere. Like with my dad, she's like trying to hide it from everybody. My friends think we're a happy family, but they don't see what's happening inside.

Researcher – What do you understand of your mother's upbringing, her family?

Michael – I actually have no idea. She hasn't told me, so I don't know.

My mother, the only story she ever told me was one time she stole a car from her boyfriend; took it round the block. That's the only story.

These descriptions of Margaret's hiddenness followed my asking Michael how he would describe his mother. Michael's descriptions suggested that the core of concealment which defines Margaret is disclosed through behaviours that seem ambiguous or misleading.

On Saturday, my mom's aunt's funeral, she was talking with her old friends and the one lady asked her "you're married to AK hey". And she said yes and she's all smiling and happy. She told me to go call my dad, and they were standing there like happy people, which I found to be quite weird because they never do that anymore.

And again:

My mother doesn't tell me much, so I just piece together what I can.

In these passages we see Michael's perception of duplicity, and his perception of his mother's conduct as disconnected from the real. What feels important is the sense in which Michael's own disconnection from the pain of his parents' marital disruption is deepened by Margaret's concealment and hiddenness. Michael is placed in a position of not seeing, and not being shown, what he knows is there. In this respect his parents' discord could reflect a portion of the family's intersubjective experience that is not knowable and speakable within the family system, and therefore represents the interpersonally arranged dissociative process (Grand, 2000) taking place at the level of family relationships. We saw a similar pattern in Margaret's childhood experience, in which she was deprived of knowledge regarding aspects of the family life. It is important to note, however, that Michael colludes with this dissociative relational process by not asking questions, and not showing that he is affected by it. Considering the notion of dissociative process as a

defence against knowing, we see the transmission of the mother's own dissociated despair, and consider the possibility that the child, through processes of internalisation, may come to know the mother's despair in an equally unformulated manner.

It is important to hold in mind here the centrality of dissociative process as an intersubjectively manifested defence against knowledge of unbearable experience. The mother's own unformulated and dissociated despair becomes the child's, through mechanisms of internalisation. The child's painful affective states are then dissociated as he is unable to endure the experience alone. The child must also dissociate from the internalised maternal anguish, as this is too painful to hold in mind. This process has been described in terms of its contagious and collusive quality (Grand, 2000), and manifests in the survivor and her child a mutual and reciprocal denial and disavowal of pain. This manifests through Michael's demonstration of his need to disavow the emotional intensity of his own and his mother's experience, through not-knowing the experience.

4.3.6.3 Shyness and compliance as a reparative gesture

One final theme which is central to Michael's narrative, and which is consistent with the responses of the children of survivors, relates to the adoption of a reparative interpersonal stance, as described by Kohut (1971) and Ulman and Brothers (1988). Michael describes himself as a shy, compliant and nervous person, who is timid in group settings. Margaret's descriptions of Michael as a young child reflect his compliance with her needs, and his tendency to be cooperative and responsive. On the other hand Margaret reflected on Michael's "headstrong" nature, and his tendency to intimidate her into compliance with his needs. Margaret's descriptions are partially at odds with Michael's experience of himself, and may reflect her intolerance of his strength, independence and wilfulness. It could be suggested that Margaret is accepting, encouraging and praising of Michael's compliance, and disapproving of his strength and determination. Michael's description of his shyness, compliance and timidity may be understood as reflecting his need to secure his attachment with his mother, by being overly compliant with her needs. Further to this, it may be suggested that Michael's awareness of both his mother's history of trauma, as well as her pained relationship with her husband, may inform his efforts to ameliorate Margaret's internal struggles, to the extent that this is possible. This may be an unconscious motivating factor that underlies Michael's shy and compliant relational posture.

4.3.7 Toni: Primary analytic themes

4.3.7.1 The disruption of a capacity to feel: Dissociation, numbing and avoidance

Toni's descriptions of her history of trauma reflect the extent to which her capacity to feel was disrupted by the painful traumatic experiences which she endured. She demonstrates this in the following passages, showing how she dissociated from painful emotion so as to survive the experience.

I was sleep-walking through everything.

I don't remember half of growing up, I don't remember half of being married and the social interactions, and I don't remember 'cause I think I was like sleep-walking or something, and I think that just kept the damper on the rage.

Toni's description here reflects Green's (1983) notion of the "dead mother", in which he articulates the traumatised mother's being unreachable, isolated, and silently bearing the pain of an unnamed trauma. Fraiberg, Adelson and Shapiro (1975) spoke of the mother as "locked in" her traumatic pain, echoing the absence and unreachability of the mother. The image of sleep-walking echoes this sense, in which Toni described her current and past experience of being absent both to herself and to the other, as if in a state of sleep.

Toni told her story euphemistically, tearlessly, unemotionally. Rape was called "interference", and genital stimulation was "meddling". Analysis of Toni's descriptions of her memories of her traumatic history revealed important themes. She articulated the relationship between affect and memory, showing how current recollections of the traumatic experiences evoke a pain which was far more intense than the experience of the trauma itself. This suggests that Toni, at the time of the trauma, dissociated from her lived experience of sexual violation; a pattern which is consistent with human beings' response to trauma.

I realised in therapy it hurt more then. My writing hurt more than the memory of it, than what it actually did at the time.

Toni's memory of her traumatic history demonstrated the dissociative relationship which she has with her history. She described her memories for events as fuzzy, and told me that she felt she had

forgotten about experiences. Toni described a vague feeling that she had experienced abuse in very early childhood, which she could not recall.

Looking back at my whole life, the first point that I remember being was when my sister was born, and then lots and lots of things that I don't remember. I'm convinced I was abused. I've got a feeling. I keep sitting with this feeling. I feel strongly that something happened, or that I was abused, or molested or interfered with, or something.

Toni shows us here that she feels she has lost memories relating to painful and frightening experiences. She has a vague and ambiguous sense of something having happened. She described only becoming present emotionally when her sister was born, when Toni was 7 years old. With her sister's birth Toni described coming into being, for the first time.

I don't know, it was like I was in a vacuum growing up or something, and then I only became aware or started to feel when my sister was born. Um, that was when I was 7.

Toni demonstrates how a significant portion of her early childhood was spent in a state of affectless, relationless and disremembered oblivion. Stolorow (2007) described this experience in terms of the trauma survivor's struggle to find a relational home within which their painful feelings can be processed and integrated. This leads to the state of unformulated experience (Stern, 1997), in which experience is only known in a vague, incomplete and fragmented manner. The absence of a containing emotional surround implies that the survivor is unable to constitute and narrate their painful affective states within the context of relationship, and the experience becomes dissociated as a result. Toni demonstrates this quite clearly through her narrative of trauma, which she experienced within the context of an abandoning, severe and unsympathetic maternal environment. One of the ways in which this experience emerged was through Toni's sense of being dead to her own experience. She was not able to fully experience and know her lived experience, traumatic and otherwise, and so did not have a sense of being alive to what was happening to her. Her sister's birth brought Toni to life. Apart from this Toni reveals the obliteration, through forgetting, of parts of her history. Memories of painful experience are either vague or completely absent. Furthermore, Toni's recollections of her childhood experience suggest that she disconnected profoundly from her affective experience, for the sake of survival.

4.3.7.2 Expressions of dissociated traumatic affect in the relationship with the child

An important theme which reflects the emergence of Toni's traumatic history in her relationship with her daughter connects with the experience of dissociated rage. This rage was linked with the trauma, but was not completely felt at the time of the trauma, and only emerged later into consciousness. This rage, and the dissociation of it, influenced her capacity to be with others. Her dissociated rage distanced her from the other and from herself. There was no internal engagement with the fact of the rage. It was an absence which presented itself through Toni's silence; through her being half-asleep to herself and to the other.

When I was younger, you know that I could feel such rage, that sort of you, you know there's just like so many layers like padding on padding on padding that you don't even feel, or you're just so used to not feeling, that when it comes back, or when you feel it, everything, it was just like this big black ball of vomit. And um, and Tamsyn went through that, experienced it.

I have described the nature of the traumatic experiences which Toni survived, as well as the neglectful psychological atmosphere within which she existed. I have also described Toni's experience of being absent to her experiences as a child, adolescent and adult, at the time of the experience. Her "sleep-walking" through waking life reflects this sense of being emotionally absent. Toni shows us that she held within this absent space an unformulated and unvoiced rage. The emergence of rage in the current relationship reflects the lived experience of the trauma in the relationship between Toni and her daughter. Toni's expression of feelings of rage in Tamsyn's presence was unpredictable, and can be understood as dissociated affective and mnemonic contents - what Blum (2007, p. 71) calls *strangulated affect* - finding expression in the survivor's adult relational world. Coeval with these mysterious and unpredictable expressions of dissociated rage is the traumatised mother's emotional withdrawal from her child (Lyons-Ruth & Block, 1996). The withdrawal is reflected in Toni's experience of sleep-walking through life, which demonstrates her dissociative process quite clearly. We note in relation to Toni's expression of dissociated affect the potentially painful consequences for the child, including a feeling of abandonment, disrupted attachment, fear and anxiety (Pines, 1989; Blatt & Levy, 2003). Toni shows us in the following passage how her rage began to find expression and recognition in her relationship with her daughter.

And I realised in therapy, it hurt more then, my writing hurt more than the memory of it. So there was this shutting down, and I don't know, I have a feeling that there was sexual abuse before I can remember. So I couldn't get angry or upset or anything. I was going through stuff in therapy, I remember my mother laughing, I was upset that day when that guy, their friend, grabbed me and gave me this love bite, but I was enraged, and I should have been enraged at the time, asking my mother what sort of mother are you and what are you doing? I always tried to keep the lid on rage or anger. But Tamsyn saw it, because I just couldn't. And sometimes it was rage at her.

In the following poem, which Toni wrote when Tamsyn was 9 years old, we see the uncontrollable, inescapable quality of the dissociation emotion.

A poem from April 1994

Who put it there?

It must have been me

Storing it up for adulthood

For something on which to lean

For when I am bad tempered

In a bad mood,

Have evil thoughts and more

I try to blame it on the print

Full moon

Bad traffic

Anything to settle the score

Cycles, circles

One big dance

Did I make me

Or

Become me by chance?

In this poem we see Toni's reflection of her stuckness within a cycle of intense affective reactions, which seem to emerge beyond her control, and which she associates with some unnamed, unseen part of her history. In this we see the dissociated, historically dislocated rage entering the relationship between mother and daughter, where it does not belong. The unlocking of insulated rage within the relationship between mother and daughter created moments in which the relationship itself was unsafe and potentially damaging. Such moments exposed Tamsyn to potential traumatisation, taking place within the relationship between mother and child, and clearly associated with her mother's own history of traumatic rupture. Interestingly, in the daughter's narrative, which shall be discussed below, there is no acknowledgement of this dimension of their shared experience.

4.3.7.3 The dynamic of separateness and relatedness: Parent-child role diffusion

Toni struggled for many years to negotiate the dynamic of separateness in her relationship with Tamsyn. She described being fused with Tamsyn, and, when Tamsyn was 9 years old, rejecting her. In the following passage we see Toni's struggle with the experience of closeness and intimacy.

I was too emotionally involved with Tamsyn. Maybe that's just what a mother does. It's just that I never had that with my mother, and I

think that's what caused the confusion. The intimacy with Tamsyn, and how we think how we spoke, it was just like a fit, we just fitted.

Having been raised by a mother who was emotionally abandoning, Toni struggled to know how to be a mother in a connected and intimate way, without being fused. She had no model for closeness. The emotional abandonment which Toni experienced as a child has left her uncertain about how to maintain appropriate connection with her child. Added to this is Toni's struggle with Tamsyn's separation from her. Toni describes being absorbed with Tamsyn, and acknowledges that this absorption represents a closeness that is defined by fusion.

Incestuousness in a family doesn't have to be sexual at all; it can be *emotional incest* in a way. You just like wrapped up or locked in with somebody. I could see I was wrapped up with Tamsyn, there was this relationship that was sort of more friends than mother and daughter. You know it was like she was more of a comfort to me, and in that sense I see that you abandon your role as a mother in protecting or mothering your child because the child actually has to be a bit responsible for your emotional stability.

Toni shows her perception of being *locked in* with Tamsyn. Through being too close and too intimate with her daughter, Toni describes how she detaches from her role as mother. The consequence of this seems to be firstly that Tamsyn's needs for protection and caretaking are not met, and secondly that Toni's needs for emotional containment become prioritised. Comparing this with Toni's experience of being a child in relation to her own mother, we see a radical departure from the way things were. As a child Toni felt disconnected and emotionally cut-off from her mother. Her current experience of mothering is characterised by a boundary-less closeness with her daughter. Toni's concern regarding this closeness is that it renders diffuse the boundary between mother and daughter, making their respective roles difficult to define. This closeness sometimes leads to Tamsyn adopting the role of the emotionally supportive one. Toni is concerned about the influence of this on Tamsyn's emotional wellbeing in terms of the extent to which her needs for protection and nurturance are or are not met.

The notion of the diffusion of roles, and the sense of enmeshment and non-differentiation which this evokes, has been identified in the literature on the intergenerational transmission of trauma

(Seifter-Abrams (1999), Zilberfein (1996) cited in Kellerman, 2001). Barocas and Barocas (1979), whose work has particularly enriched attachment theory and relational psychoanalytic inquiry into the intergenerational transmission of trauma, described symbiotic attachment. These authors have emphasised the inherent dependence within the mother-child relationship, considering this in relation to attachment insecurity. One of the primary effects of this, which we consider in terms of the experience of the second generation, is the anxious fearfulness in the children of survivors, as they attempt to differentiate themselves and navigate their world alone. This state of anxious fearfulness, it is suggested, may either exist in the children's direct awareness, or may be dissociated. Further to this, as will be clarified throughout the analysis, the extent to which such affective states are fully known or are dissociated, is mediated by the quality of the relational surround.

The dynamic of separateness and relatedness being explored here came into focus twice in Toni's narrative. The first description of Toni's struggle with differentiating and separating from Tamsyn related to her return to work after maternity leave.

It was quite a natural thing to have Tamsyn, and to breast feed her. I loved that. I loved having her in the bed at night, just being with her. When she was 5 months old I had to go back to work and that was terrible. I didn't want to go out so much I wanted to stay at home with Tamsyn.

In the following passage we see this described in the light of Tamsyn's struggles with gaining independence from her mother.

I've seen this parallel again where I've been trying to set boundaries with Tamsyn, now she's 24 I'm 49, here she was 11 and I was 36, and there was this sort of parallel with us, and at the same time I've been trying to set boundaries with Tamsyn, like I'm not an endless teat.

Toni struggled with tolerating the separation when Tamsyn entered into her first love relationship, at age 15, and married at age 19. Toni's reflections on this experience reveal her sense of devastation at this, and her feeling of watching Tamsyn reenact her mistakes.

I remember standing at the window and watching Tamsyn and her husband walk down to the station and I was just crying and crying

‘cause it felt like Tamsyn was gone, like I’d lost her. I just see this, Tamsyn’s 19, marrying her first boyfriend. It’s my life like getting lived all over again.

Reflecting on her feelings about Tamsyn’s marriage, Toni said the following.

I mean I think, as the mother “how can she leave me?” when I’ve like loved her and cherished her.

The dialectic of sameness-difference/fusion-boundariedness emerges as Toni finds parallels in her and Tamsyn’s narratives, and at the same time as being aware of these parallels she is trying to assert boundaries between mother and daughter. The theme of constantly searching for the meeting of needs is an important one here. Tamsyn still needs her mother’s attentiveness and containment. In this respect Tamsyn doesn’t seem to have separated. Toni observes in herself this similar reliance on a mothering other. In both mother and daughter we see the preservation of a cycle of seeking out the meeting of an insufficiently met need for nurturance and holding. We see in this dialectic the idea of being locked into the relationship, the awareness of this being unhealthy, and limiting each member’s capacity for separation and exploration, and intensifying the emotional connectedness by diminishing the opportunity for external relatedness.

The dynamic of separateness, seen in relation to the diffusion of boundaries which Toni described, is considered in relation to her rejection of her daughter, when Tamsyn was 10 years of age. Toni told me of the complex and various emotions which she experienced in relation to her daughter, which she linked with her relationship with her own mother. Toni’s experience as a child was one of having lived with painful traumatic experiences of sexual violation in early childhood, and feeling rejected and abandoned by her mother. She shows us in the following passage her own rejection of her daughter Tamsyn, when Tamsyn was a young child.

I think she was about 9 or 10, and I just started to get this sense that I couldn’t hug her or hold her or... It was almost like a rejection, a physical rejection, like if I held her I just felt um, if I say revulsion it’s too strong a word, but such a rejection that I shouldn’t be holding her, and feeling very uncomfortable about hugging her and holding her. I can’t really think what happened, that that was like that. I don’t know

if it was with her developing, and becoming like, sort of, developing breasts and or me realising she's becoming a woman ... or she will become a woman. I just don't know why I, there wasn't a reason for it, it was just I had this rejection of holding her then, and um, but she was always affectionate so she would come and hug me.

I sort of think it's almost like a rejection of myself at that age when I got abused, 'cause they forming, they just like little girls that are forming. It just felt for a good while like a physical rejection you know like holding Tamsyn or whatever.

Toni's physical rejection of Tamsyn reflects an unconsciously motivated relational withdrawal. We see here how Toni's current experience of mothering is influenced, beyond her conscious control, by her memories of herself as a sexually abused child. This experience can be considered in light of Pines' (1989) description of mothers who survived sexual abuse in the childhood struggling with the process of witnessing their daughters' sexual development. This may have had painful implications for Toni's daughter's sense of security in the attachment relationship with her mother.

4.3.8 Tamsyn: Primary analytic themes

4.3.8.1 Reparation and the description of the idealised self-object union: Dissociating from the bad mother

Tamsyn described predominantly positive experiences of her mother when she was a child. She described a tremendous faith in her mother as a human being, feeling safe, protected, and shielded by a woman who was strong and dynamic.

She's always been extremely supportive. She's amazing in that, frankly I don't think that any of her siblings have any tertiary education, but yet she's done so much studying, because she's so ambitious. She's just amazing as a person, I adore her.

Tamsyn described her mother as being emotionally attuned to her lived experience. She described mutuality and reciprocity in her relationship with her mother. This manifests at the level of

communication, in which Tamsyn feels safe communicating with her mother. There is a degree of ambivalence in the attachment here, with Tamsyn feeling a strong sense of attachment and needfulness, and an anxiety about disappointing her mother.

Tamsyn's descriptions of her mother, both in terms of current and past experience, are quite idealising. We see this in the following passage.

There's very many good things about her. She's very independent as well. She's a hands-on do-it-yourself kind of woman. She really was quite fearless to do things like that. She's just amazing as a person.

This idealisation manifested in her descriptions of memories of her mother when Tamsyn was a child. The unhappy memories related to Toni's choice of partners when Tamsyn was young. One of Toni's partners, Victoria, disliked children, and was a source of great unhappiness for Toni and Tamsyn.

Tamsyn - I don't have very bad memories with my mom. She was once with a partner, Victoria, for quite a while. Victoria and her went through a stage of being on and off, or at least it seemed like that to me. It was a bad thing for my mom and my relationship, because it was quite awkward. I knew she wasn't happy with Victoria, but she was going back to her often. It felt like a struggle with her, the whole Victoria period.

Researcher – From what your mom told me¹⁰, it seems she struggled to negotiate Victoria's demands and being your mother. How did you understand what was going on?

Tamsyn – Victoria didn't like children. Ja, and I knew Victoria was reasonably demanding, um, and I know mom wasn't comfortable with Victoria. And Victoria had a thing that if I had friends around she would try and be affectionate to my mom and my mom wouldn't want that because she was obviously trying to protect me.

¹⁰ Toni - I got involved with Victoria and to this day I regret that. That was damaging for Tamsyn and me, and I always regret it because Victoria didn't like children. She couldn't stand Tamsyn. She couldn't stand me mothering Tamsyn or being caring towards Tamsyn. And it always felt like I was being crucified in a way between Victoria and Tamsyn, like which one do you actually connect to? Tamsyn always came out on top, but it was just such a struggle. I feel like I withdrew from Tamsyn in that time.

Researcher – How did you feel around that time?

Tamsyn – I was incredibly unhappy. I wasn't I mean it wasn't my mom I was unhappy with, it was Victoria.

This memory is the only negative memory of her mother which Tamsyn noted. It is important to note the absence of negative memories in Tamsyn's experience of her mother, and to consider this in relation to Toni's descriptions of herself as absent and numb. She was "sleep-walking" through a part of Tamsyn's childhood, which could suggest that she was emotionally absent to her. Tamsyn's narrative does not reveal this absence, which may suggest that it is difficult for Tamsyn to engage with the conflicted and painful aspects of her relationship with her mother. Toni's descriptions of the surfacing of dissociated vehement emotions in the context of her relationship with Tamsyn also did not emerge in Tamsyn's narrative, reflecting Tamsyn's need to disavow these experiences.

Toni's descriptions of being absent, numb or partially dead, are considered in terms of the deprivation of needs which this represents, and the experience of bondlessness which this instantiates for Tamsyn. Such a state of disruption in the attachment could feasibly be said to evoke feelings of helplessness, anxiety and fear of annihilation (Walsh, 1996). In relation to this I emphasise the importance of the mother's presence as a containing and empathically attuned object. To the extent that this was not the case, it is suggested, Tamsyn could have experienced the kind of relational trauma which I am emphasising in the context of the intergenerational transmission of trauma.

Tamsyn's descriptions of her mother, and her relationship with Toni's expressions of dissociated rage, reflects an important theme, which is central to the conclusions drawn in this analysis of the intergenerational transmission of trauma. I emphasise the emergence of the idealising descriptions of the mother, and consider these in relation to the gestures of reparation described in Kohutian self psychology (Kohut, 1971; Ulman & Brothers, 1988). It is suggested that Toni's dissociative absences, which she conveyed through the image of sleep-walking, and her expressions of dissociated rage in the relationship between mother and daughter, may have been a source of pain, anxiety and despair for Tamsyn. The attachment between mother and child may have been rendered insecure and ambivalent. In response to this possibility, it is suggested that Tamsyn's idealised descriptions of her mother represent an effort to repair and restore the internal representation of her mother. Further to this,

Tamsyn's demonstration of dissociation through the deletion and obliteration of parts of the narrative relating to pain evoked within the mother-child relationship, represent an absence of dialogue between conflicted internal states and mental representations (Bromberg, 1998). Tamsyn was only able to tell the story of the good mother, dissociating from awareness of painful affects evoked by internal dialogue between conflicting internal representations. The association between the Kohutian reparative gesture and the relational psychoanalytic notion of dissociation as the absence of internal dialogue between conflicted affective and cognitive states is important to hold in mind here, and reflects a central aspect of the interpretive analysis.

4.3.8.2 Moving from dissociation to internal conflict: Transmuting internalisations in the relationship between mother and adult child

The consideration of Kohutian analytic theory provides a useful framework within which to approach the narratives of idealisation and reparation which I have described. The association between these narratives and the children's need to dissociate from painful internal representations of their mothers is important. Tamsyn's narrative reflected a tendency to dissociate from painful or conflicted experience. This reflected a parallel in the two narratives. We see that Toni, prior to her years of therapy, displayed dissociative tendencies. This changed considerably however, as she began to engage more fully with the intensity of her emotional experience, both in the current moment and in relation to her history of trauma. Tamsyn, who describes herself as an "emotional person", struggles to allow for the entry of conflict and ambiguity into her narrative. Her descriptions are exclusively positive, reflecting an intolerance of ambiguity, a demonstration of efforts to repair internal representations of the self-object union, and a tendency to dissociate from present conflict.

Early Kohutian analytic theory described the psychological structure of the self as being constituted by the self's internalisations of self-object representations (Ulman & Brothers, 1988). The theory describes the process by which the child's internal representations of the self-object union are able to mutate, within the context of a facilitative relational environment. Such transmuting internalisations are developmentally essential, and involve the child's relinquishment of early grandiose and idealised representations, in favour of more realistic representations, which are more accepting of ambivalence. The incorporation of more moderated and ambivalent internal

representations is a reflection of the development of a capacity to hold in mind conflicted and incongruous affective and cognitive states, and maintain a state of psychic integrations. It will be shown through the analysis how Toni's increasing engagement with her own painful affective states and traumatic memories, when Tamsyn was 15, enabled the development of a greater degree of internal dialogue and tolerance of ambivalence within Tamsyn.

In the interview process Tamsyn demonstrated her comfort with talking about her awareness of her mother's painful history. In terms of her awareness of her mother's struggles Tamsyn knew more of her mother's history than the other adult children who participated in the study.

She was very open and direct with telling me of what had actually happened in her childhood. I knew that there were incidents where things had happened, and even sometimes with family members. Only a couple of years ago did I find out that her dad's friend or her grandfather's friend quite blatantly raped her. And when I heard that I just freaked, not in front of her.

Tamsyn describes here her memories of the disclosure of her mother's history of sexual abuse in Tamsyn's early adolescence, demonstrating her lack of awareness of her mother's experience prior to disclosure. Tamsyn was told about her mother's history of sexual violation in her adolescence. Toni's disclosure of her experience came after many years of therapy. She engaged with therapy in an effort to contain her emotional experience, and to process her traumatic history. The consequence of this was that Toni's relationship with her history, and her present experience, moved from dissociation to internal conflict (Bromberg, 1998). She initially disengaged from her traumatic past, and then, after years of internal work, developed a closer relationship with the experience. We see here that for the first 15 years of Tamsyn's life she was unaware of Toni's history and struggles, during which time Toni demonstrated a dissociative disengagement from that history. From the age of 15 onwards, when Toni began to develop a closer and more conflicted relationship with her history of trauma, Tamsyn became aware of the trauma. The experience became more accessible to conscious processing, and so mother and daughter could develop a healthier relationship with the experience. Tamsyn's internal representations of her mother, although still quite idealising, were able to shift, or transmute, in relation to her mother's own development from dissociation to healthy internal conflict between painfully contrasting self

states. We see through Tamsyn's narrative that it is still quite difficult for her to allow the internal dialogue to take place, between her awareness of her mother as a loving, nurturing friend, and a frightening, enraged victim of sexual abuse. The vertical split whereby Tamsyn continues to defensively disavow this part of her mother's being, to use Kohut's (1984) terminology, remains intact.

4.3.9 Sylvia: Primary analytic themes

As has been noted, the analysis of Sylvia's narratives, considered in light of the intergenerational transmission of trauma, was impacted on by the children's not participating in the study. Sylvia has three children in their twenties; two sons and a daughter. Only Sylvia's youngest son, age 22, was able to participate, as the other two do not live in South Africa. The invitation to Sylvia's son was declined, as he did not wish to participate.

4.3.9.1 Expressions of dissociated traumatic affect in the relationship with the child

The evidence of conscious or unconscious patterns linked to the trauma and acted out in Sylvia's relationship with her adult children was clearly demonstrated in her narrative. This evidence connects with direct repetitions of her mother's behaviour in the context of the current relationship, and with the impact of dissociative process on Sylvia's current relational and intrapsychic experience. Sylvia demonstrates in the following passage her sense of her repetitions of her mother's behaviours in her relationship with her children.

My mother did it. She lied, she drank, she beat us up. Okay I didn't beat my children. It was the screaming that was worse than beating. I'd tell them to get the fuck out of bed. I'd swear at them and scream at them.

Continuing with the theme of Sylvia's awareness of the unconscious repetition of traumatic themes, she describes her own treatment of her children, which was at times vicious and frightening, and appears to emerge beyond her conscious control.

I was always angry with my little girl. I was screaming at her to stop crying and ... you don't want to hurt the baby but you're screaming at the baby or you're ignoring the baby. I'd wake up in the morning and I'd be completely out of control. Just angry, from the moment I wake up. Without fail I'd still wake up and I think it's the guilt of screaming

at them ... I'll never forget, I said to my son, "Why are you crying like that?", and he said "Mommy because I can see your tonsils when you're screaming at me", and it shook the living daylights out of me, that I was traumatising my children the way she traumatised me for that one year.

We see in these passages the sense of shame and guilt at the aggressive and frightening ways in which Sylvia treated her children in their infancy. These passages show the uncontrollable expression of rage towards her children, and show how Sylvia's history of dissociated affects found expression in her relationship with her children; a pattern which is consistent with survivors of childhood trauma (Herman, 1992). The indirect route of the intergenerational transmission of trauma, as described by Kellerman (2001), is revealed clearly in this moment. Considered in the light of processes of identification between mother and child, we see that Sylvia identified too deeply with her children's own fearfulness, agony and despair, and may have responded with rage, as if these feelings were her own. Just as Sylvia responded to her own pain through displacing that pain with rage, so too does she respond to her children's pain in an enraged manner. The consequence of this is that Sylvia was not able to stay empathically attuned to her children's experience. Sylvia's role as container of her children's projected affects destabilised her, as she identified too closely with these affects, and was frightened by the possibility that she had caused them. She was enraged by the fact that she knew agony and despair, and she responded with rage to her children's feelings, as if these feelings in her children were her own, as indeed they once were. We also see in these passages Sylvia's need to silence her children's emotions. She was deeply shaken by her children's emotions, and was unable to tolerate the experience. She used her rage to silence her children's emotions, frightening them into a mute inexpressiveness.

In the following passages Sylvia describes the intensity of the emotions which surfaced in her adulthood, demonstrating her feeling of being overwhelmed by these feelings.

I was mad, insane. It was like some demon had allowed itself to come out.

And suddenly everything just burst open and it was like a huge storm had swallowed me up. And I said to my doctor I so badly want to

stop drinking. And from there a small part of the healing started. I joined the AA. It was easy for me to stop drinking. I didn't like drinking it was just so that I could hide my thoughts away; the things in my head that kept trying to come out.

It was at this point that Sylvia realised the full extent of her emotions in relation to her history of trauma, and began to recognise that her use of alcohol and drugs was motivated by her need to disconnect from these painful feelings. These passages reflect the uncontrollable quality of Sylvia's expression of rage and despair in relation to her children. We see also the failure of Sylvia's dissociative defence, as she finds that she is no longer able to detach from the full emotional impact of her history of trauma. There is a strong sense of an internal split, in which Sylvia identifies the enraged and aggressive part of her as a demon, which overtakes her dissociative defence, surfaces as if out of nowhere, and frightens both herself and her children. This part of Sylvia is seen in relation to her behavioural enactment in the interview context, of a compliant, timid, frightened and defenceless self.

Sylvia's narrative of internal and relational experience gave perhaps the strongest reflection of the trauma survivor's experience of unresolved loss, as described by Main and Hesse (1990), with her demonstration of frightened and frightening behaviours. Sylvia's erratic, unpredictable, unempathic and powerfully contrasting behavioural and affective states may have impacted directly on her children's capacity to regulate and endure their intense emotions. The attachment literature has identified the association between unresolved loss or trauma and the child's demonstration of disorganised or disoriented attachment (Lyons-Ruth & Block, 1996), considering this in relation to the intergenerational transmission of trauma. The absence of Sylvia's children in the interview process, however, did not permit observation or analysis of this possibility. Acknowledging this absence, we consider the evidence from the literature of the potentially disintegrating and destabilising impact of the mother's latent and manifest vehement emotions on the child (Van der Kolk & Van der Hart, 1989), and surmise that this may have been part of Sylvia's children's experience of self and relationship.

4.3.9.2 The silencing of trauma

The manifestation of aspects of Sylvia's lived experience of trauma in her current relational world is an important consideration. The theme of dissociation emerges primarily, and is grounded in the history of trauma as silenced internally and relationally.

I couldn't talk. I couldn't cry. I had lost my speech. I couldn't talk.

And again:

I was not allowed to express my feelings.

The theme of traumatic experience as unspeakable belongs to a broader theme of dissociation as a phenomenon which manifests at various levels of internal and intersubjective experience. At one level dissociation manifested relationally, and emerged as a result of being a child in relation to a silencing and emotionally invalidating adult.

We were told we were too young to understand.

The second and essentially intrapsychic level at which dissociation manifests, and in this instance more consciously induced, relates to substance abuse and its impact on knowing.

Right up to 47 I smoked mandrax, marijuana. I drank. Mandrax makes you salivate a lot, then your ears go strange then you vomit.

Then you pass out. Part of my life was one big haze.

Sylvia used substances to make herself emotionally inaccessible, to herself, to those close to her, and to her children. She dissociates from pain through insobriety, and becomes internally and relationally absent; just as her mother was in relation to her.

Considering the silencing and constriction of communication which defined Sylvia's relational environment when she was a child, I emphasise the work of intersubjectivity theorists, who articulate the ways in which the internal structure of the self is shaped by intersubjective processes. Balint (1968), Stolorow (Stolorow, Atwood & Brandchaft, 1994), and Blatt and Levy (2003) emphasise the transindividual context within which the self is constituted, observing the primacy of language and dialogue for the making of the self. The creation of a secure attachment for the growing child, within which complex and painful experience can be shared, enables the development of a capacity to integrate and therefore narrate painful affective states (Cortina, 2004). The absence of such attachment security, and the consequent absence of a condition of relational safety within which the child can experience their painful affective states, is proposed as

the intersubjective origin of a dissociative response to trauma. Sylvia demonstrates this quite clearly through her narrative. The impact of this on Sylvia's mothering, and by extension of the potential intergenerational transmission of trauma, can be seen in her own disrupted capacity to be available to her children's needs for containment of their powerful affective states.

4.3.9.3 Dissociation and the survival of traumatic experience

Sylvia's internal relationship with her memories manifests as predominantly dissociative, reflecting an effort to survive painful feeling by splitting off from the traumatic past through forgetting and avoidance.

I never lived in the past. I let it go. I would just let it go. I never looked back. I didn't ever think of the death of my mother.

I never go back to places where I've been hurt.

Dissociation manifested also as a process of internal self-destruction, in which Sylvia attempted to obliterate the parts of her self which held the traumatic memories, thoughts and feelings.

I self destructed to hide away from, I don't know, I just didn't want to face what happened. If I just stayed at home and didn't go anywhere none of this would have happened.

I've been really killing myself, slowly; my real person. Not my body, but my mind.

Apart from what appears to be a conscious effort to detach from painful experiences of the past, Sylvia shows us the fragility and brokenness of her memories of her childhood. In the following passage we see Sylvia's struggle to locate her experiences in the context of a linear narrative. We see here that there is loss of memory for times, places and people.

I remember a few things from when I was sent to the orphanage, and bits and pieces of what was told to me as I was growing up.

Sylvia's entry into the research process however represents a shift in her dissociative process, which changes her relationship with her history of trauma.

And then I started dreaming again about her, taking me with her to the railway line and since I spoke to you I've been so wrecked. And after

that everything started coming back. I couldn't get rid of the dreams. I can't get rid of the thoughts. I can't do it. I could do it when I was young. I can't get away from this feeling of being violated. I always used to let it go, and now it won't go.

There is movement here towards a greater degree of internal conflict, and away from dissociation of traumatic affect and memory. Her participation in the research process is accompanied by a movement towards a greater degree of internal engagement with the painful feelings associated with her traumatic history, and so demonstrated a movement away from dissociation and towards internal conflict. Sylvia described her current experience of engagement with thoughts and feelings related to her traumatic history, and suggested that these thoughts and feelings have forced themselves up into conscious awareness. She feels unable to escape her knowing of her traumatic history at this point in her life.

I feel that I've imprisoned myself in these past thoughts and feelings. I just can't let it go. I've never thought about them in my whole life and now I can't stop. Maybe 'cause I was so busy as a young person.

We can see here that Sylvia's dissociative response, which enabled her to survive the pain of her childhood trauma, has begun to shift, as she becomes more aware of her thoughts, feelings and memories in the current moment.

A final word concerning Sylvia's dissociative internal relationship with her traumatic past, and the painful feelings attached to that past, relates to the disorganised quality of her narrative. Sylvia's story was told in a non-linear and fragmented manner, with little sense of chronology. This, coupled with Sylvia's conduct in the interviews as well as her descriptions of her own experience, reflected the dissociatively arranged lack of cohesion and integration of thought (Lyons-Ruth & Block, 1996; Fonagy, 1998 & 1999; Sagi-Schwartz, Koren-Karie & Joels, 2003; Lyons-Ruth, 2003; Pearlman & Courtois, 2005), which made it difficult to understand her story, and necessitated multiple readings of the transcripts in order to grasp the full contents.

4.3.9.4 The dynamic of separateness and relatedness: Parent-child role diffusion

One final theme which emerged through Sylvia's narrative was the notion of the enmeshment and diffusion of roles between parents and child (Seifter-Abrams (1999), Zilberfein (1996), cited in

Kellerman, 2001). This manifested primarily in the form of Sylvia's son adopting the role of caretaker, container of the mother's emotions, friend and confidante.

My youngest son, we were so close. He'd hold me and comfort me.

He was so loving.

The diffusion and non-differentiation of roles between adult and child, in which the child adopts the role of mother and nurturer, is reflected strongly here. This has implications for Sylvia's children's experience of their mother. It is suggested that having to be nurturing and containing in relation to a volatile, frightened and traumatised mother may have presented the children with a painful, neglectful and emotionally hazardous relational situation.

4.3.10 Florence: Primary analytic themes

Florence has two sons, age 15 and 18. In the interviews she suggested that her 18 year old son would be willing to participate. The interviews with her son did not take place however, as her son showed some resistance to engaging with the process, and I chose not to persist.

4.3.10.1 Internalisation and identification with the aggressor

One of the central elements of Florence's narrative of her experiences as a mother concerns her experience of anxiety and uncontrollable anger and aggression manifesting in her relationship with her children. We see this in the following passage, which details Florence's experience of returning to the role of mother after a long absence from her children.

My son made me so angry that I actually kicked him. And I kicked him quite hard. I kicked him into the cupboard. And it made me feel very bad 'cause I saw my dad when we were small, I saw my dad kicking my brother and it made me hysterical. I felt like I'd lost control.

Florence demonstrated clearly the evidence of conscious and unconscious patterns that are linked to the trauma and acted out in her relationships with her adult children. Florence reveals here her identification with her father's abusive treatment of her brother, and conveys her sense of having internalised the violating other. We see in this the potential identification with the aggressor of which Ferenczi spoke (Ferenczi, 1932/1985; Frankel, 2002). It may be suggested that Florence, fearing the aggressive impulses of her father, but craving a sense of connection, may have taken

into herself, through a process of introjection, the representation of the aggressor, such that she began to identify with this, and hold it as an internal representation of self.

It is important to note that Florence narrated her father's abusiveness in a manner which concealed her felt responses to it. In the following passage Florence describes a terrifying moment, in which her father's beating follows her own desperate need to escape her family's deep conflict.

My dad used to smack. He actually smacked me once that my whole jaw was sore for like a week afterwards. I think he actually only smacked me once; no he smacked me twice. When I was little and he smacked me the other time, but actually he smacked me 'cause I actually grabbed his gun and I locked myself in the bathroom, that's why he smacked me

B – You were suicidal?

P – I think so, I was young man I was angry ja maybe I was. 'Cause there was too much problems in the family or whatever. And ja he just gave me one smack.

Florence suggests that she fears the internalisation of her father's abusiveness, and the incorporation of it in her own mothering. She shows that her witnessing the abuse, rather than her experiencing it, is the reason why she fears this. This suggests that Florence struggles to engage with the subjective meaningfulness of being beaten by her father, at such a young age. The fact that it was more emotionally impactful to witness the abuse - it made her "hysterical" - suggests that Florence may have dissociated from the experience. She conveys the image of being alone, locked in a bathroom with her father's gun. In response to this her obviously frightened father beats her severely. Florence, who was "little" at the time, survived the pain of this experience by, on the one hand dissociating from her felt response, and on the other hand beginning a process of identification with the aggressor, such that she was able to maintain a sense of connection and attachment with a violating other.

Florence further demonstrated her identification with the aggressor through her anxieties about her potential abusiveness in terms of her responses to her sons' sexual development. She described the psychological consequences of being molested on her relationship with her children. She explored

this in terms of the ways in which her experience of anxiety influences her mothering. In the following section we see the connections made.

I start getting worked up inside like I feel I want to vomit, I felt like shaking, and then I've noticed that I actually I don't realise but I start um, I'm like short-tempered with the kids, like I'm short when I answer them or something like that. I think I've actually pushed my children away, because I've heard people say that people who get abused, they abuse. And maybe when my kids were small I was like very loving but I have pushed them away to a certain extent.

Florence engages here with her fears about mothering, and about becoming a perpetrator against her conscious will. We become aware that Florence has realised that she “pushed” her children away in their early childhood. She could not tolerate her fear of becoming a perpetrator of sexual abuse. Florence demonstrates this in the following passage.

I taught them to bath themselves quite early because I felt very uncomfortable after a certain age, like I didn't even want to touch my kids, from when they were quite small.

Distance between Florence and her children meant that, because she had less intimate contact with them, her fear of her potential to be abusive would not be felt. Florence fears closeness because she is aware of the faint boundary between intimacy and violation. Florence's fear that she may become a sexual perpetrator, which she associates with the fact of her having been abused and having witnessed abuse, surfaces in the relationship between mother and child, causing intolerable tension. This then leads her to pushing her child away. Florence's pushing her children away may be seen as an avoidance of the feelings of anxiety, fear and guilt evoked through her association of closeness with sexual violation. The experience of feeling rejected and feeling emotionally abandoned may therefore be considered to be central to Florence's children's experience of her. It was not possible to clarify this, however, as her children were unable to participate in the interview process.

4.3.10.2 Dissociating from the traumatic present

Consideration of Florence's memory of her history of trauma reveals some important themes. She describes the experience of having forgotten the abuse “for many years”, and then beginning to experience anxiety in early adulthood.

I forgot about it for many years, and then I suffered from anxiety and I didn't actually understand why I was suffering from anxiety. And what actually happened is I actually did something 20 years ago which, like I've actually been ashamed of for a long time. I actually like sold myself, and then I realised why I was doing it.

In this passage we see that Florence dissociated from the experience of being sexually abused to the extent that she forgot the experience. The memory resurfaced when Florence was 20, when she became very anxious and began to engage with prostitution. Both the anxiety and the prostitution are connected here with the trauma, and with the fact of her having dissociated from the trauma through the obliteration of memory, for the sake of surviving the experience.

I am considering Florence's experiences in terms of the descriptions drawn from the literature of the indigestible quality of traumatic experience (Forter, 2007). The author suggests that because of the trauma's being to some extent inexpressible, it cannot be narrated and is instead enacted within a relational context that exists outside of the time and space of the trauma. This, suggests Forter (2007), leads to the survivor reliving the traumatic moment through presymbolic behavioural gestures. Forter (2007) and Toremans (2003) have described the narration of dissociated traumatic experience, on the one hand through embodied enactments, and on the other hand through the fragmented, non-linear and concealing manner in which traumatic histories are communicated. Florence demonstrates both of these responses to trauma. In the following poem Florence reveals the emergence in her adulthood of the deep anxiety evoked by the unforgettable forgotten traumatic past (Haines, 2002).

Little girl

Little girl born
Rose with no thorn
Ready to flower
He steals her power

Early years eternal bliss
Repression, something amiss

Little girl at twenty one

Little girl on the run

Memories long forgotten

Flashbacks of something rotten

Pain, anguish, uncomfortable feelings

Moving slowly towards healing

Florence says she realised why she became a prostitute and why she was anxious, linking these experiences with her dissociative disengagement from the thoughts and feelings surrounding sexual abuse. We see in Florence's description of her memory of trauma that it was only once the memories resurfaced in her early adulthood, beyond her conscious control, that she came to know the experience in memory. She experienced her trauma in her early adulthood both affectively, through anxiety, and in an embodied way, through the association of her prostitution with her history of sexual abuse. The memory was held unconsciously, until it penetrated Florence's psychic barrier through behaviour and affect which she came to realise was connected with her experience of sexual abuse in childhood.

4.3.10.3 Disorganisation of the narrative: Trauma and narrative incoherence

An important theme concerning Florence's memory of being sexually abused relates to the vague and ambiguous quality of her narrative when telling her memories. We see this in the following passage.

Researcher – What can you remember feeling or thinking after it happened?

Florence – Um ... ja I've got difficulty in getting there.

Researcher - It's difficult for you to go to that place and think of what it was like to be there?

Florence – It just uh, I'm just trying to think now, 'cause my head's going in all directions. It's like there's too many places.

Florence conveyed the sense of falling apart, getting lost and feeling all over the place. She expressed a struggle to stay focused. This reflects the power of Florence's unconsciously

sustained defensive process, in which memories of painful experience are dissociated. Historically the dissociation emerged as a complete forgetting of the experience. Currently Florence's dissociative defence manifests in the form of a vague and ambiguous narrative of lived experience, in which the experience remains hidden from both self and other by a cloud of confusion. In this sense Florence's memories seem to have remained unformulated. Haines (2002) identified the aspect of confusion, non-linearity and lack of cohesion in the narratives of survivors of trauma. This pattern has been described in terms of the dissociative defence against knowing the trauma, cognitively and affectively. Importantly, the disintegrated and fragmented quality of Florence's narratives is important evidence of the mother's unresolved loss or trauma (Lyons-Ruth & Block, 1996; Main & Hesse, 1990; Lyons-Ruth & Block, 1996; Fearon, 2004), and is noted in relation to Florence's unpredictable, enraged and potentially frightening responses to her children.

Florence's story was told as a confused web of tenuously related events, times, places and people. I struggled to follow the narrative at times. Florence's narration of memories emerged as an unformulated coagulation of experiences, which seemed to reveal and conceal simultaneously. She reflected on her sense of being unable to contemplate the experience in the current moment, feeling that her brain, her mind, or her thought processes, had become confused, and had escaped her. This revealed the extent to which Florence defended against clear awareness of the painful memories of her traumatic past. The unformulated quality of Florence's experience can be clearly seen here, and conveys the incommunicable, and therefore intersubjectively inaccessible nature of her experience. The experience remains concealed, and incompletely knowable to the other, manifesting as an empty space in Florence's own discontinuous and disrupted narrative. This pattern, suggest Sewell and Williams (2002) and Fresco (1984), is consistent with the narratives of survivors of trauma.

4.3.10.4 The disruption of a capacity for relationship: The traumatic past and the relationship between mother and child

Florence's struggle with staying emotionally close to her children manifested variously, and can be seen in the following sections.

My first child, it was quite difficult because I didn't bond with him immediately. I didn't breast feed because the sensation, I couldn't

handle it. With both of my kids I didn't breast feed. It was like when I breast fed them I felt good, or nice. I don't know it felt too sexual for me. I felt very uncomfortable, I couldn't actually breast feed. I just said to myself it feels too sexual for me.

And again:

Researcher – How do you communicate your love for your children?

Florence – It was no problem when they were smaller, I could hug them and love them. I still tell them I love them, but now it's a bit more difficult for me 'cause if they hug me it's like, I'll hug them but then it's a short hug, I want to get away. It makes me feel uncomfortable because they too big. I tell them I love them, or I love them on the phone. Or I'll give them a hug and I'll give them a kiss. It's easier for me with my eldest son, because he's more open he's more loving it's like I'm closer to him. My younger son holds back a lot.

We see here Florence's expression of the anxiety and discomfort in relation to her children. Although Florence was aware of these experiences, she felt unable to change the behaviours. The emergence of her history of sexual trauma in her current lived world, and her inability to control the impact of this experience on her behaviour in relation to her children, manifested firstly on the stage of her body. She articulates her sense of her body as inescapably sexualised, and describes pushing her children away because she could not tolerate the feeling of sexual pleasure she derived from breast feeding.

I didn't breast feed because the sensation, I couldn't handle it. With both of my kids I didn't breast feed. It was like when I breast fed them I felt good, or nice. I don't know it felt too sexual for me. I felt very uncomfortable, I couldn't actually breast feed. I just said to myself it feels too sexual for me.

Experiences such as this were related to an impulse in Florence to avoid physical intimacy with her children, and to enable in them a premature capacity to attend to their own needs. This experience suggests that Florence's children were ushered into an inappropriately premature independence, having to meet their own needs for nurturance, containment and holding. This may have instantiated

experiences of emotional abandonment and neglect in Florence's children. We see here reflections of Florence's own childhood experience, in which she had to develop ways of coping and surviving her sexual trauma, without the support and nurturance of a mothering other.

Another important theme in Florence's experience of herself as mother is her sense of not being good enough, and the impact which this had on her capacity to connect with her children.

I think for a long time I actually believed I was nothing, and I wasn't good enough. I believed that for a long time and maybe some part of me still believes it.

When her sons were 3 and 8 years old she left them with her husband, fearing that she was unable to care for them. Florence was away from her children at this point for a 5-year period. When she returned to mothering she felt that she had lost a capacity to care for them.

When they came back to me it was almost as if I didn't know how to parent them anymore. So it was very frustrating for me and I didn't maybe treat them the right way, because if I lost my cool I hit them.

In the following poem, which Florence wrote, we see her sense of the impact which her physical aggressiveness had on her children.

Parents, parents, parents

How beautiful it was,
The day your child was born.
You vowed to nurture and
Protect your child from harm.

You wrote on the slate
Of who he would become.
Now that he is a young adult
Look, and see what you have done.

He lies, he steals, he cheats,
He runs in the street.

You throw up your hands
In your mock defeat.

You behave as if you played no role.
You pretend it is out of your control.

You act surprised and wonder,
How he became like this.
You forget that you taught him,
With your words, actions or fists!

We see here the vicissitudes of the dynamic of touch. Touch was a constant struggle in terms of Florence's experience of physical closeness as sexualised as well as violent. Touch found its medium through punishment. Physical contact was connected to aggressiveness and anger. Florence's demonstration of physical aggressiveness is an important reflection of the emergence of her history of trauma in her current life, and in her relationship with her children.

CHAPTER 5

INTERPRETIVE ANALYSIS OF DATA

PART 2

5.1 Theoretic integrations: Locating core analytic themes within a hermeneutic framework

The analytic process in this chapter is framed as a clarification of the core themes which emerged in relation to the participants. This process was enabled by a preliminary focus on considering each participant's narrative independently. The first part of the analytic process, documented in Chapter 4, constituted a descriptive analysis of the narratives of each participant. The movement towards considering participants' stories in relation to one another, and in relation to the theory, represents a distanced position in relation to each participant. At this point in the process, further attention to each individual was sacrificed in favour of a dialogue between all participants' individual analyses and the theory.

I shall present this interpretive analysis in a manner which reflects the core themes distilled in the descriptive analysis of data and considered in dialogue with the literature presented in Chapter 2. This dialogue between the data and literature will demonstrate the four primary theoretic concerns of this dissertation. The first emphasis concerns the attachment relationship between mother and child. The attachment relationship is considered in terms of the particular processes of attachment which may influence the intergenerational transmission of trauma (Sagi-Schwartz, Koren-Karie & Joels, 2003; Main & Hesse, 1990; Lyons-Ruth & Block, 1996)). Among these processes, two primary themes emerge at the foreground of the process of transmission: the disorganised/disoriented pattern of attachment (Lyons-Ruth & Block, 1996; Fonagy, 1998 & 1999; Lyons-Ruth, 2003; Pearlman & Courtois, 2005) and the insecure/preoccupied attachment. The former has been considered in the psychoanalytic and attachment literature as primarily associated with the intergenerational transmission of trauma, while the latter constitutes an internal and relational avoidance and denial of anxiety as its primary defence (Sandler, 2003). The psychoanalytic literature has under-emphasised the extent to which the latter pattern is linked with the mechanisms of the transmission of trauma. Contrary to the literature, it is my contention that

avoidant attachment is central to the relational processes by which trauma is transmitted. This dissertation will therefore emphasise the notion that attachment theory is employed here as a framework within which to consolidate a relational psychoanalytically informed hypothesis concerning the link between the mother-child relationship and the transmission of trauma (Blatt & Levy, 2003; Fonagy, 1999). In relation to considerations of the attachment relationship and its implications for the intergenerational transmission of trauma, I shall discuss the dynamic of separateness and relatedness in the relationships between mothers and their adult children (Barocas and Barocas, 1979; Chazan, 1992; Walker, 1999; Mahler, 1975, cited in Blatt & Levy, 2003)

The second of the three emphases mentioned above relates to the link between language, narrative and communication and the intergenerational transmission of trauma (Boudreau, 1995; Caruth, 1996, 2001; Sewell & Williams, 2002; Forter, 2007). The ways in which language is used as a verbal expression of experience, memory and feeling, will be considered, emphasising the quality of the participants' narratives. Narrative will also be considered in terms of the expressive absences, omissions and distortions (Stern, 1997, 2003) which characterised the participants' stories. The role of the body as well as that of silence and absence as a mechanism for communicating distress (Berger, 1997; Abrams, 1999) are considered and discussed in relation to the adult children's knowing of their mothers' traumatic histories.

The third theoretic consideration relates to the Kohutian self psychological notion of the reparative gesture (Kohut, 1971, 1984). Such reparation, suggests Kohut (1971), aims at the reconstitution of a compromised and fragmented self and self-object union, and is grasped as a process of defensive disavowal of those parts of the self-object union which are injurious to the self, and restoration of shattered archaic idealising fantasies.

The final theoretic emphasis, and one which has been considered variously through the lenses of relational psychoanalysis and attachment theory, concerns dissociation as an intrapsychic and relational defence (Van der Kolk, 1989; Fonagy, 1998, 1999; Liotti, 1992, 1999, 2004; Lyons-Ruth, 2001; Diamond, 2004; Bokanowski, 2004). In this dissertation I emphasise the relationship between dissociation as a disruption of internal and relational dialogue (Bromberg, 1998, 2003), and the intergenerational transmission of trauma.

5.2. The vicissitudes of attachment: A relational psychoanalytic approach to the intergenerational transmission of trauma

5.2.1 The impacts of mothers' unresolved trauma on their adult children: Frightened or frightening behaviours and the disoriented/disorganised attachment style

The consideration of patterns of attachment constituted the primary framework, and was informed by contemporary attachment and relational psychoanalytic theorists (Fonagy, 1998, 1999, 2001, 2004; Main & Hesse, 1990; Liotti, 1992, 1999, 2004; Lyons-Ruth & Block, 1996; Lyons-Ruth, 2001; Lichtenberg, 2003; Sandler, 2003). The primary conclusion drawn by these authors observes the link between the disorganised/disoriented pattern of attachment and the intergenerational transmission of trauma. The premise of this conclusion is that the survival of childhood interpersonal trauma manifests in the experience of unresolved loss in adulthood. Unresolved loss in relation to traumatic experience refers to the lack of conscious integration of the trauma, and is characterised by the surfacing of painful dissociated emotion, that is not consciously associated with the history of trauma (Lyons-Ruth & Block, 1996; Main & Hesse, 1990; Lyons-Ruth & Block, 1996; Fearon, 2004). The literature has identified the mother's pattern of responding in a frightened or frightening manner in relation to her infant. The consequence of this is seen in the infant's experience of dysregulating and destabilising fear, leading to disorganisation of the infant's attachment strategy. The literature also notes that the experience in the children of survivors of fears of annihilation, persecution and abandonment, emerge in relation to experiences of guilt, anger and shame (Kellerman, 2001).

The emphasis noted in the literature on the link between mother's unresolved trauma, their demonstrations of frightened or frightening behaviour, and the infant's disorganised/disoriented attachment has been articulated in the literature as the primary mechanism of the intergenerational transmission of trauma. The data revealed this pattern emerging mostly in relation to Anne's, Sylvia's and Florence's narratives. Of the six mothers, Sylvia and Florence's children did not participate in the process. The reason for this was unclear. The consequence of this for the research process was that I was unable to identify the presence of transmitted intrapsychic and relational processes in their children. Anne's son, Jonathan, committed to a series of assessment interviews but only attended one. This pattern potentially reflects the pronounced resistance to

engage with the research in the children of mothers who demonstrated the frightened or frightening pattern of relationship seen in people with unresolved loss or trauma.

Sylvia, Rahel and Florence's narratives of mother-child relational experience are considered in terms of the potentially traumatising impact of their relationships with their own mothers. These mothers narrated experiences of exposure to sexual violation, death, physical abuse, and the frightened or frightening emotional gestures of their own mothers. Sylvia's mother was described as fiercely verbally aggressive, emotionally abusive when inebriated, and neglectful of her children. She exposed Sylvia to potential sexual violation by inebriated men. Florence described her mother as hard, unloving and immovable, and noted that she was unable to find in her mother the safety and containment she needed. The core of Rahel's traumatic history related to her mother's cruel, abandoning, neglecting and rejecting treatment of her.

As was noted in the initial analytic reflections (Chapter 4), Anne, Sylvia, Florence, and to a lesser extent Rahel and Toni demonstrated uncontainable expressions of rage, guilt, fear, despair and even hatred. These feelings can be formulated as vehement emotions emerging in adulthood, which are associated with the dissociation of traumatic experience (Van der Kolk & Van der Hart, 1989). These emotions, related to the mothers' traumatic history, found expression in the present mother-child relational context. Sylvia and Florence targeted their rage in the direction of their children by being verbally and physically aggressive. Anne described her unpredictable and frightening demonstrations of rage, which her children witnessed. Rahel described her children's sense of fear in relation to her, and linked this to her aggressive, fearful and anxious responses, to which her children were witness. Most central to considerations of the mother's unresolved trauma is the expression of uncontained, mysterious and *homeless emotion*, which is witnessed by the child but is unknowable in terms of its origin. The mother's powerful emotions find a relational home (Stolorow, 2007) in the relationship between mother and child, where they do not belong, and where they cannot be completely grasped because the child does not understand the origins of the emotions. Such expressions of emotion are unpredictable, unknowable, and foreign in terms of the child's experience. It is in relation to this quality of the mother's emotions surfacing dangerously, as if out of nowhere, that we see the potential for the intergenerational transmission of trauma (Barocas & Barocas, 1979). Frightening emotion, which is experienced as

mysterious and detached from emotional logic, manifests as a psychologically hazardous experience for the infant and young child (Hoffman, 2004). In Florence and Sylvia we see the emergence of such emotion through their kicking and screaming. We have little sense of the impact of such experiences on the adult children's health, and on their psychic integration. These mothers, however, described their experience of the children's fearfulness in relation to them.

An important connection here concerns the relationship between dissociation in the mothers' history of processing their trauma, and their current expressions of an unprocessed, fragmenting rage. We see here reflections of Green's (1983) observation that mothers who have survived interpersonal trauma in childhood display the "occasional spillage of denied rage." (1983, p. 304). This demonstrates the link that Green draws between the defensive dissociation of the self from painful and destabilising emotion evoked by traumatic experience, and the expression of that contextless and frightening emotion in adulthood, in the presence of the survivor's child. Green identifies a link between the mother's expression of mysterious rage and the child's experience of her as absent, abandoning and even fragmented by her own grief. The child's experience of the loss of the attachment, a sense of anaclitic grief, is offered by Lyons-Ruth & Block (1996) as a possible consequence of this.

The analysis of Jonathan's narrative, and to a lesser extent Sofie and Tamsyn's, provided some opportunity to elicit the children's experience of their mother's frightened or frightening behaviours. Jonathan's mother, Anne, demonstrated powerful, mysterious and perplexing emotions, which her children witnessed. These emotions evoked frightening feelings of ambivalence in Jonathan. Jonathan recalled feeling shocked by the dramatic alteration in his mother when, in his middle adolescence, Anne began to express unfathomable rage. Jonathan also recalls feeling that the mother he knew had departed, and was displaced by an easily enraged, frightened and deeply anxious person. In relation to this *other person*, Jonathan felt alone, frightened and unsupported. We may infer from this Jonathan's experience of his mother's absence. She had become a stranger to him, and he was frightened.

Rahel and Toni also described the emergence of mysterious, unfathomable rage in the context of their relationship with their children. Their daughters, Sofie and Tamsyn respectively, did not

identify this experience in the same way as their mothers did. To the extent that the experience was identified, its intensity and impact was diminished by the daughters through the ways in which they told their stories. What was noted in Sofie and Tamsyn's narrative was their tendency to disavow the darker, negative or bad parts of their experiences of their mothers; a theme which will be explored further in the consideration of narrative (5.2.3) and gestures of reparation (5.2.4) to follow.

5.2.2 Attachment and separation in the relationship between the traumatised mother and her child

The attachment and relational psychoanalytic literature on the intergenerational transmission of trauma has provided various reflections of the struggle which traumatised mothers and their children experience with separation (Barocas and Barocas, 1979; Chazan, 1992; Pines, 1993; Mazor & Tal, 1996; Blatt and Levy, 2003; Lichtenberg, 2003; Fodorova, 2005). Much of the work on separation and attachment insecurity in the intergenerational transmission literature has addressed the link between mother's unresolved bereavement and the child's loyalties to the mother, to be as a presence in the absence created by the dead (Wardi, 1992; Fodorova, 2005). These writers link the child's struggle with separation to the experience of intense guilt which follows the child's attempts at differentiation and departure. The mother's struggle is connected with the notion that any sign of differentiation in the child represents the threat of loss of attachment with the child, and evokes powerful and unresolved feelings associated with the mother's historical experience of loss.

Apart from complications emerging in the child's separation and individuation in relation to the mother's experience of grief and loss, the literature identifies experiences of fusion, non-differentiation and enmeshment in the relationship between mother and child (Seifter-Abrams, 1999; Zilberfein, 1996, cited in Kellerman, 2001). Pines (1993) offers a psychoanalytic reflection on this, exploring the meaningfulness of the boundary of the skin and the role of touch. Pines also observes the notion that touch, as a pre-verbal method of communication, demonstrates closeness in the moment of contact, as well as differentiation, by virtue of the skin's impermeability. Skin, as a soft but impermeable barrier, instantiates intimacy and simultaneously announces the separateness of self from other. Through this, Pines draws attention to the primitive fear

experienced by the infant when confronted with the possibility of loss of the loved object. In terms of the relationship between the traumatised mother and her child, it is suggested that this fear becomes a part of the relational template which extends into the future (Pines, 1993). Pines proposes that the manifestation of somatic distress in the child emerges as an attempt to create safety and to recreate the containment of the mother-infant relationship in early childhood, adolescence and adulthood.

The consequence of this for the relationship between the traumatised mother and her child appears to be a sense of entanglement or diffusion, which Barocas and Barocas (1979) have described as a symbiotic attachment. The boundary between mother and child is not clearly defined, thus a sense of mother and child being inseparable emerges. Toni described her awareness of a sense of fusion and lack of boundaries, and a need to instill a greater sense of differentiation between herself and Tamsyn. Toni's awareness of fusion with her daughter was accompanied by her anxiety regarding the diffuse boundary between closeness and violation. For Toni, as for Florence, fusion with Tamsyn manifested as a kind of "emotional incest", which evoked feelings of discomfort, and which she tried to avoid by moving away from Tamsyn by rejecting her. Fusion emerged in Anne's relational history through her desire to know her children's inner world, feeling deeply hurt when they denied her this.

Anne's mourning of the loss of her mother entered her relationship with her first child in an immediate and painful way. Anne revealed her struggle with differentiating herself emotionally from her children; her experience was inside them, and their experience was inside her. This experience was described overtly in the relationship between Anne and her youngest daughter, and in the relationship between Toni and Tamsyn. In these dyads, we see the children's struggle to differentiate and to achieve healthy independence. We see that Anne, Rahel and to a lesser extent Toni, devoted their emotional attention to their children, focusing on the preservation of the relationship. In regards to this, Anne revealed her need to know immediately and completely the details of her children's inner experience. To the extent that she felt excluded from this knowledge, Anne responded with feelings of hurt, anger and rejection. Anne's expressions of hurt and rejection at her children's appropriate exclusions communicated to them the notion that she

could not tolerate their need for separateness. We see in relation to this the description of Anne's eldest child's struggle with achieving healthy independence.

Toni's struggle with the dynamic of separateness and relatedness in her relationship with Tamsyn manifested somewhat differently. She described a closeness and role diffusion (Kellerman, 2001) which she experienced with Tamsyn, articulating the quality of "emotional incest" in their relationship. On the one hand, Toni described experiencing herself as feeling desperately sad when witnessing Tamsyn's separation and departure. On the other, Toni expressed her feelings of being *locked in* an interpenetrative and porous closeness with her daughter. For Toni, this closeness represented a disquieting reflection of her experiences of sexual violation. Toni associates too much closeness with sexual intimacy, creating an image of the interpenetration of one self by another self. Florence, who had also been sexually abused, associated the feeling of breast feeding her child with a sense of sexual intimacy, and could not tolerate this form of closeness. In terms of healthy relationship, such interpenetration can be grasped in terms of the intersubjective space between two reciprocating subjectivities. Interpenetration is, in this sense, the point of contact *between* selves, where mutual engagement creates an equal union, which Buber (1970, 1992) termed the *I-Thou* relationship. In the context of an interpersonally violating relationship, closeness becomes associated with psychic impingement and invasion; an experience which we can feasibly symbolise in terms of sexual violation. We can see that for Toni and Florence intimacy and closeness with their children felt like an interpermeation of porous selves. As such, it reflected sexual violation, in which the self, contained by its own impermeable skin-boundary, becomes invaded. This complication evoked an immense ambivalence and discomfort for the mothers, which impacted on their relationship with their children. This experience reveals that Toni and Florence's need to detach themselves from their children is a consequence of their desire to avoid intolerable feelings of anxiety and distress from being evoked. These experiences demonstrate the mothers' ambivalent experience of separateness and relatedness, and provide an insight into the impact of sexual violation on their relationship with their children. Such experiences can be considered in terms of Pines' (1993) analysis of the skin as a symbolic preverbal communication of both the separateness and distinctness of one person in relation to another, as well as the capacity for relationship as enacted through touch.

In relation to the kinds of psychic pressure which Anne, Rahel and Toni demonstrated through communicating explicitly or implicitly their intolerance of the child's assertions of separateness, we consider the children's experience of guilt at causing their mothers suffering (Barocas & Barocas, 1979). Tamsyn and Sofie told me of their experience of guilt, which manifested primarily when they disappointed their mothers. Michael, Sofie and Jonathan demonstrated qualities of compliance, self-sacrifice, and foregrounding of the mothers' needs. I am considering this in relation to the children's struggle with disappointing their mothers, and their avoidance of interpersonal conflict. Noted in relation to this was the children's adoption of a nurturing, containing and ameliorating posture in relation to their mothers. Jonathan, Sofie, Tamsyn and Sylvia's son adopted the role of nurturer in relation to their mothers. I suggest here that the motivation to nurture and ameliorate the mother's internal distress is one which results in the binding of mother to child. Added to this, it appears to sediment within the child a fixed internal representation of the mother, and of the self-object union. In this instance, the child has a representation of self as nurturing and containing, and of the mother as needful and in distress. The internal sedimentation of this particular role relationship, I suggest, exists in the context of an insecure attachment relationship between mother and child, and serves to consolidate the attachment for the child, such that he or she is able to feel relatively secure and contained within the self-object union. The overtly insecure quality of this attachment relationship, to the extent that it resists the transmuting of internal representations of self and self-object union (Ulman & Brothers, 1988), disrupts the smooth development of independence in the child.

Furthermore, the link between dissociation and the child's struggle to attain healthy individuation was identified by Liotti (1992, 1999, 2004) who claims that the child, confronted with an experience of intolerable anxiety in relation to an insecure attachment relationship, dislocates from awareness of the meaning of intersubjectivity. The child dissociates from the emotional impact of finding himself or herself in the context of a disrupted and insufficiently containing self-object union. Liotti clarifies how this dislocation manifests both in the child's unconsciously motivated identification with their mother's psychic contents, their adoption of a nurturing and ameliorating role, and their displays of unyielding dependence on the mother. The strongest example of this was provided by Anne, in her descriptions of her eldest daughter's likeness in relation to her, as well as her disinclination to live independently.

Blatt and Levy (2003) describe the struggle to negotiate the dynamic of separateness and relatedness in terms of the *anaclitic pathologies*. The authors locate the primacy of avoidant defences in the form of relational and intrapsychic detachment as defining such anaclitic pathologies. It is towards a consideration of this link between intrapsychic and relational avoidance and the intergenerational transmission of trauma that I now turn.

5.2.3 The intergenerational transmission of patterns of intrapsychic and relational avoidance: A disruption of the capacity for mentalisation

The relational manifestation of dissociative process was enacted through withdrawal, retreat and interpersonal avoidance. Through this we see avoidance, as a mechanism of coping with pain, manifesting at the level of the relational as well as the intrapsychic. Rahel, Toni and Sylvia described various mechanisms by which they would withdraw into an isolated space when feeling anxious, angry, sad or fearful. Such mechanisms of retreat manifested relationally in the form of silence and physical departure from the interpersonal space, and intrapsychically as an inner sense of numbness, deadness and detachment. The theme of retreat was connected with dissociation as a mechanism of defence against pain, and manifested as a disengagement from full psychic participation with a conflicted emotional world. Anne, Toni and Rahel demonstrated this strongly.

A central conclusion drawn in this dissertation, and one which represents a departure from consensus in the literature, concerns the relationship between avoidant attachment and the intergenerational transmission of trauma. The primary conclusion drawn by the attachment-oriented relational psychoanalytic theorists reflects the link between unresolved loss or trauma, and infant disorganisation (Lyons-Ruth & Block, 1996; Fonagy, 1998 & 1999; Sagi-Schwartz, Koren-Karie & Joels, 2003; Lyons-Ruth, 2003; Pearlman & Courtois, 2005). The mother's frightened or frightening behaviours, and her lack of internal cohesion and consistency, represents an insoluble dilemma (Lichtenberg, 2003, p. 170) for the child, who experiences his mother simultaneously as a source of safety and threat. In relation to this, the child adopts dissociation as a primary defence mechanism geared towards restoring a sense of safety. One of the ways in which such dissociation manifests non-pathologically is through intrapsychic and relational avoidance.

The literature on avoidant attachment observes the primary insecurity of this attachment and considers this insecurity in comparison with the disorganised/disoriented attachment pattern. A central difference in these two patterns of attachment concerns the degree of internal cohesion, in which people manifesting disorganised/disoriented attachment demonstrate a lack of internal cohesion, intrapsychic fragmentation, and a rupture in their capacity to link cognitive, mnemonic, visceral and affective experience (Bion, 1959; Kohut, 1984; Ulman and Brothers, 1988; Schweidson, 1998). The strategies for coping, processing experience, and negotiating conflicted relationships, are more integrated in people whose insecure attachment is defined in terms of avoidant mechanisms. I am emphasising avoidant attachment here as a less disrupted pattern of attachment reflected in the relational processes exhibited by female survivors of trauma and their adult children. The narratives of experience provided by the participants revealed intrapsychic and relational avoidance as a primary mechanism of defence against painful internal and intersubjective experience. This avoidance, I suggest, is central to the intergenerational transmission of traumatic themes from the mothers who participated in the study to their adult children.

As noted above, the data collected in this study can be divided into two distinct but overlapping groups. The one group is most transparently constituted by Anne, Sylvia and Florence. The mothers in this group demonstrated unresolved loss or trauma in the current relationship, through their exhibitions of frightened and frightening behaviours. An important aspect of the analysis of the narratives of these mothers and their adult children concerns the unavailability of Sylvia and Florence's children. For this reason it is difficult to draw conclusions regarding the transmission of this particular relational pattern. At most, we can infer from Anne and Jonathan's narratives that Anne's relationship with her first-born child was conflicted and painful, and influenced her first-born's exaggerated dependence, difficulties with emotional regulation, and severe, pervasive anxiety. Jonathan described Anne's frightening, unpredictable and mysterious demonstrations of distress emerging ubiquitously, in a manner which he did not fully recognise until he was 15 years old. It was noted, contrary to the theories considered in the literature review, that Jonathan's intrapsychic and relational experience is not definable in terms of disorganised or disoriented attachment. Instead, Jonathan demonstrated intrapsychic and relational avoidance.

Rahel, Margaret and Toni are grouped together because of their tendency towards relational and intrapsychic avoidance, manifesting as a disruption of the capacity to feel as the primary defence. The literature suggests that people whose attachment patterns are characterised by the insecure/preoccupied style of attachment are exceedingly passive or timid in relationship, and may become overwhelmed by the emotions which they experience, and consequently withdraw from interpersonal contact. This reflects a relationally and intrapsychically avoidant pattern of attachment, which has denial of anxiety as its primary defence (Sandler, 2003). A theme which emerged through the analysis relates to the notion of avoidance as a primary defence against painful affect, manifesting at the level of the relationship between the survivor and her child. This theme emerged through the mothers' and adult children's relational templates, their intrapsychic processing of experience, and the quality of their narratives of experience. Avoidance was demonstrated in the relationship through the desire to retreat and withdraw from the other when experiencing distressful emotion. It also manifested as a disruption of the capacity to feel and an unwillingness to let painful affective states enter the intersubjective surround.

The tendency towards relational withdrawal has implications for the extent to which painful emotion and anxiety may reside within families as an unformulated experience (Stern, 1997, 2003). Unformulated experience refers to ambiguous, hazy and incompletely knowable mnemonic and affective contents. As a system of internal defence, unformulated experience functions to secure the trauma survivor's emotional regulation by housing unthinkable experience in dark, unknowable psychic spaces. The relational and intrapsychic avoidance which Rahel, Margaret and Toni demonstrate reveals their efforts to keep experience unformulated, and to preserve their psychic equilibrium. The relationship between the traumatised mother and her child is shaped by an awareness of how that relationship could evoke fears, anxieties and internal disruption. The avoidance that these mothers described through their withdrawal and retreat represents a relationally enacted defensive posture that prevents certain psychic contents from being expressed in the relationship. Avoidance is the primary mechanism by which this takes place.

A central psychoanalytic construct to consider here is Fonagy's (1998, 1999, 2001) notion of mentalisation, which he identifies as primarily related to attachment. Mentalisation refers to the self's capacity to reflect on experience belonging to both itself and the other. It is defined as a

mechanism, capacity or process that is central to the meaning which the self makes of internal and intersubjective experience. As such, mentalisation creates the possibility of formulating experience such that it can be known within the self, and within the intersubjective surround. Considering the attachment relationship, we see that mentalisation is the capacity to render an experience meaningful which is mitigated by the quality of psychic attunement between mother and child.

In terms of this dissertation's primary consideration being the relationship between mother and child as a vehicle for the transmission of the mother's trauma, I find Fonagy's linking of mentalisation with Winnicott's concept of psycho-physical indwelling useful (Winnicott, 1965). Indwelling is a process by which the psychically attuned mother introduces to the infant's psyche her knowing of his embodied and emotional lived experience. Through the mother's psychical presence, her interpermeation with the infant through her spoken words, her touch and her holding gestures, the infant becomes able to make personal meaning out of lived experience. Indwelling mediates archaic experience, enabling symbolisation and narration of that experience, and as such represents a relational and internal experiential posture that is contrary to avoidance. The absence of indwelling, as with the absence of a capacity for mentalisation, impacts negatively on the individual's capacity to know the experience of self and other in a meaningful way.

The narratives of the mothers and adult children participating in this study revealed a primary avoidance of conflicted, painful and negative experience. Prevalent in Margaret, Rahel, Toni and Anne's stories was the tendency to retreat and withdraw from the other when experiencing distressful emotions. This avoidance manifested as a relationally arranged effort to disallow the awareness of anxiety and pain. Through this, the children of these mothers were exposed to two experiences that compromised the developmental achievement of a capacity for mentalisation. On the one hand, these children were exposed to intermittent and unpredictable disappearances, absences or departures, as their mothers entered their avoidant retreat. On the other hand, they were confronted with the fact of an unknowable presence. This presence was constituted, firstly, by their ambivalent and conflicted awareness of their mother's mysterious emotions, and secondly, by their own unprocessed, poorly integrated and unformulated emotional responses to their mother's demonstrations of rage, anxiety and needfulness. This could be viewed as a process by

which a disruption of the capacity to feel, in the mothers, is linked with the child's own disruption of a capacity to feel. In relation to this, it emerged through the data that the children, out of a need to preserve psychological safety, avoided, through denial and dissociation, any mental reflection on this experience, and so avoided awareness of and engagement with the painful affective states which could have been evoked by the mother's intense expressions of feeling.

It is in relation to the above that we now consider the regulation of emotion, and the role of avoidance as a mechanism of dissociation that manifests intrapsychically and relationally. Avoidance in the adult children, as it emerged through the data, manifested as a system of defensive self care, in which painful and conflicted elements of the narrative were left unexpressed. This reflected the use of avoidance in the children as an intrapsychic mechanism, reflecting the mother's relational avoidance, and geared similarly towards the regulation of affect through dissociation (Knox, 2003).

5.3 The storying of trauma: Narratives of silence and body

How do I know all these things? I don't know them, not in the usual sense of knowing. But in households like ours there is often more in silences than in what is actually said – in the lips pressed together, the head turned away, the quick sideways glance. The shoulders drawn up as if carrying a heavy weight. No wonder we took to listening at doors.

- Margaret Atwood, *The Blind Assassin*

5.3.1 Primary theoretic conclusions guiding an analysis of trauma narratives

The analysis of the narratives of lived experience will be structured here in terms of the links between narrative and memory on the one hand, and between narrative and the mother-adult child relationship on the other. Narratives are considered in terms of *intrapsychic* mechanisms which regulate the ways in which an individual tells his or her story. Such intrapsychic mechanisms will be reflected on in terms of the links between *narrative* and *relationship*; in other words, the link between *intrapsychic* and *intersubjective* experience. The premise being expounded, influenced by Wittgensteinian theory (Moyal-Sharrock, 2000) and intersubjectivity theory (Schulte, 2000), is that

the particular way in which we narrate experience, which is largely an intrapsychic process, has correlates in our ways of being in relationship. Language, in this sense, constitutes the formulation of the self in relationship. This understanding fits well within the relational psychoanalytic framework.

Considering the traumatised self's narrative of experience, we see that it is partially through the medium of the body that despair, fear, anger and anxiety are demonstrated (Francis, 2002; Bonomi, 2004). This process was reflected in Rahel, Anne and Sylvia's narratives. The forms of bodily demonstration were various. Firstly, narratives derived from the interviews revealed the mothers' descriptions of unconsciously enacted bodily expressions of emotional experience. Such expressions included lying in foetal position, clenching fists, biting of the lip and stretching her arms out in a gesture of supplication and pleading. Somatic complaints such as headaches and nausea were also reported, and were linked by the mothers to their experience of anxiety and psychic tension. Secondly, anxiety, anguish and rage were communicated through self-injury, illustrated in Anne's self-abusive scratching and hitting.

The literature on trauma and narrative has drawn three primary conclusions concerning the ways in which traumatic experience can become known. The first conclusion declares that trauma cannot be fully experienced at the time of its occurrence (Caruth, 1996, 2001). The survivor, in not being completely conscious of the traumatic experience at the moment of its occurrence, is confronted with the insoluble dilemma of attempting to know an unknowable psychic content. Narratives of traumatic experience are grasped as an ambiguous attempt to share with another an unknowable and therefore incommunicable experience. Theoretic considerations of narrative and trauma are concerned with this dilemma, and debate the extent to which language and metaphor can be used to represent the unrepresentable (Berger, 1997). Armstrong (2000) considers this in relation to trauma as a loss which disables speech. Correspondingly, contemporary narrative and psychoanalytically-oriented trauma theorists emphasise the representation of trauma by non-linguistic, iconic, visceral and asymbolic means (Bonomi, 2004).

The second conclusion concerns the communication of trauma through body, enactment, and silence. Lifton (1979), Gardner (1999), Abrams (1999), and Sicher (2006) have observed the

quality of trauma as shrouded in silence. The experience is neither held reflectively in consciousness, nor is it locatable within the context of relationship. Sicher (2006) observes the quality of muteness, which he symbolises through the notion of autism. In relation to this Sicher (2006) identifies trauma as an experience which finds no relational home¹¹ due to its being unspeakable. The trauma survivor is thus contained within a boundary of mute inexpressiveness. As an unrepresentable, incompletely knowable experience, trauma is held as a powerful, presymbolic and incompletely integrated psychic content. Such an experience cannot form part of the individual's narrative of self. The consequence of this is demonstrated in the way in which the traumatised self communicates lived experience, not through speech, but through body and enactment.

The third conclusion specific to narrative analyses concerns the non-linear, disjointed and disorganised quality of trauma narratives (Hein & Austin, 2001; Haines, 2002). Haines likens trauma narratives with the post-modern idiom, in which the story is told in such a way as to resist interpretation. The post-modern narrative is characterised by fragmentation, elusiveness, and a collapsed sense of temporal coherence. Narratives of traumatic experience therefore attempt to demonstrate the survivor's absence in relation to their unclaimable experience by representing that experience in such a way that it cannot be fully grasped (claimed) by the listener, or the reader. This method of the telling upholds the position of trauma as unknown intrapsychically and unknown relationally. Considered in relation to the data, to the extent that some of the children knew their mothers' traumatic histories, their knowledge was vague, incomplete and confounding. For Michael, Jonathan and Sofie, their mothers' historical and current experiences of psychological distress were inaccessible. The elusiveness and concealment, which I have described above, kept the children in a place of unknowing. To use Jonathan's words, the children knew "something was up". The children could sense the presence of their mothers' distress, but could not locate the emotion in any detectable cause-effect process. The emotion was unknowable, and seemed to come out of nowhere.

¹¹ From Stolorow (2007)

The analysis of the participants' narratives revealed some important themes. This section of the analysis can be articulated in terms of the following conclusions, within which we can locate these themes:

Firstly, the mother's intrapsychic relationship with her own traumatic history is expressed through the ways in which she narrates that experience to those with whom she exists in relationship.

Secondly, to the extent that the mother's relationship with her traumatic history is defined by her need to dissociatively disengage from trauma, through internal and relational concealment, silencing, forgetting and hiding it, the child adopts a compliant or collusive relational posture. This compliance manifests as an unconscious relational collusion (Grand, 2000) in which the child arranges him or herself in an effort to cooperate with the mother's need to dissociate. The adoption of such a collusive relational posture functions simultaneously to keep the child in the darkness, as the avoidance of dialogue forecloses the possibility of knowing. I am proposing a theoretic link between the unconscious process of collusion (Grand, 2000) and the child's dissociation from the internal conflict created by the awareness of the mother's traumatic history. This process, I suggest, occurs simultaneously with the child's consciously manifested relational cooperation with the conspiracy of silence, as described by Danieli (1985).

Thirdly, to the extent that the mother's relationship with her traumatic history is defined by integration, internal dialogue and confrontation with the fact and feeling of the trauma, the child becomes able to formulate the mother's experience for him or herself. The child's intrapsychic relationship with the mother's history, similar to the mother's relationship with her own history, is one of integration and internal dialogue.

Fourthly, to the extent that the mother's dissociative intrapsychic relationship with her traumatic history leads to the trauma becoming relationally enacted in the space between herself and her child, there emerges the possibility for the child to inherit or adopt a similar relationship with that history.

Fifthly, the child's relationship with the mother's traumatic history is in part an intrapsychically manifested one definable in terms of the range of internal relationships existing on the spectrum between pathological dissociation and healthy internal dialogue.

Finally, to the degree that intrapsychic processes which govern how we are able to think and feel about our subjective experiences manifest relationally and intersubjectively, these processes do so through narrative.

5.3.2 Trauma as unclaimed experience: The dislocation of affect from time and memory

I have described above the impact of traumatic experience on the self with reference to the disruption of a capacity to feel. This was associated with the interpersonal and narrative correlate; that of speaking with an unemotional tongue. Rahel, Toni and Margaret all demonstrated a tendency to narrate conflicted, traumatic or painful experience in an emotionally detached and unrevealing manner. This manifested in the form of euphemistic or excessively positive descriptions of experience, and in the absence of discernible feeling when speaking about painful experience. The experience was told as if it belonged to someone else. The disruption of a capacity to feel was associated centrally with the trauma survivor's dissociative response to their trauma. The mothers described various enactments of dissociative defence, which enabled their survival of the painful experience of neglect, physical and sexual abuse, abandonment and emotional injury.

Considering the three conclusions derived from narrative analysis given above, and the six propositions which I am offering, the narratives of subjective experience provided by mothers and their adult children revealed some important themes.

The first theme relates to knowing and not-knowing the traumatic experience, and connects with Caruth's notion of trauma as unclaimed experience. Caruth's (1995) conceptualisation of trauma as unclaimed experience emerged through the analysis in three distinct ways. Firstly, to the extent that the traumatic experience was either forgotten completely, or was held in a vague and implicit manner, it could not be fully claimed through unambiguous verbal and symbolic narrative. Florence, Sylvia, Anne, and to an extent Rahel, narrated their histories of trauma in a manner which concealed certain contents by creating a sense of confusion and vagueness through a disrupted chronology in the narrative. The stories contained black spots; mysterious, unknowable spaces, that were not so much shared but extrapolated by the researcher. This experience, as was discerned through analysis of the data, was shared by the children, who felt a sense of confusion and not-knowing in relation to their respective mothers' traumatic histories.

The second analytic theme relates to Caruth's notion of the temporal paradox (Caruth, 1995). I have described the temporal paradox as a concept which incorporates the experiences of intrusion

that partially characterise the subjectivity of the traumatised self. Intrusion, in the form of flashbacks, nightmares and unpredictable visitations of traumatic affect, represents an experience in which the past becomes lived in the present moment. The temporal paradox identifies the temporal dislocation of emotion from experience, and was revealed through the mothers' narratives. Rahel, Toni, Anne and Sylvia demonstrated the emergence of dislocated traumatic affect in the current moment, with expressions of dissociated emotions such as rage, fear, guilt and shame in their relationships with their children. In Rahel and Toni's experience, the emotion was held in the absence of memory, as they described feeling intense and painful affect, but having no recollection of the traumatic event. Memory of the traumatic event was either vague or completely absent, but emotion related to the experience was intense and immediate. Toni and Rahel particularly described their sense of an awareness of an unknown but suspected traumatic experience, and an accompanying painful emotion, which they could not associate with a particular memory. Memory and affect, in this sense, became segregated by processes of unconscious dissociative defence. Both Toni and Rahel revealed a contradictory experience in relation to memory, affect and time. These women described their clear memories of traumatic experience in an unemotional, affectless manner. In the presence of memory, emotion was absent, and in the presence of emotion, memory was lost or was diffuse.

The disruption of the dialogue between memory and emotion is considered here in terms of Bion's (1959) notion of attacks on the linking of related psychic contents. Bromberg's relational notion of standing in the spaces (1998) is also applicable here, as we see in all six mothers a psychic barrier between affect and memory. The mothers who participated in the study struggled to stand in the spaces, as it were, between the self that knows feeling and the self that knows memory. This appears to cause a rupture in the mothers' capacity to feel their trauma, and hence, to narrate their traumatic experience. The mothers are unable to think about and feel their own thoughts, and so are unable to narrate the experience in a manner that is adequately laden with emotion. The traumatic experience is spoken with an unemotional tongue, and so is not known and felt in its completeness. In Rahel's case, the emotionally depleted language was seen in relation to her body's expression of despair. Kalsched (1996) observed the phenomenon of the embodied expression of emotion, and suggested that this is often seen in survivors of trauma, whose language is drained of emotional energy. Rahel reflects this notion in her narrative.

The link between the mothers' narrative tendencies and the narrative tendencies of the adult children is related to the extent to which trauma narratives were emotionally charged. The proposition which I am asserting here relates to the dynamic of knowing and not-knowing. I emphasise the link between the mother's capacity to *claim* her experience through narrative, and the adult child's relational and intrapsychic processing of painful feeling. I have suggested that Florence, Sylvia and Anne exhibited frightened or frightening behaviours in relation to their children, which are associated with unresolved loss or trauma (Lyons-Ruth & Block, 1996; Main & Hesse, 1990; Lyons-Ruth & Block, 1996; Fearon, 2004). I have also described how these mothers' narratives were so vague, diffuse and chronologically fragmented, that they were incompletely conveyed within the context of the interviews. The narratives fragmented under the weight of intolerably painful feeling. Florence, Anne and Sylvia's narratives created a sense of hiddenness through confusion, non-linearity, distortion and deletion of parts of the story. Consequently, these narratives resisted interpretation (Haines, 2002), and kept the listener in the dark. The narratives could not be fully claimed by the listener, and remained mysterious and unrevealing.

5.3.3 Silence, enactment and the body: The narrative of the avoidant defence

The previous section (5.3.2) explored the influence of the mothers' trauma and narrative disintegration on the adult children's capacity to narrate lived experience. Primarily, it was shown that the fact of the mother's vehement emotions (Van der Kolk, 1989) such as fear, rage, catastrophic loneliness and despair being concealed in her narrative implies that there exists within her an unknowable affective core. This mystery and concealment represents for the child a psychic barrier separating him or her from the mother. The child compensates for the ruptured connection which this barrier instantiates either through exaggerated dependence on the mother, or through a narrative of intrapsychic experience which offers an idealised version of the mother. This idealised internal representation of the mother, and of the self-object union, is grasped as a reparative gesture¹² which enables the child's avoidance of, or dissociation from, awareness of a ruptured or insecure attachment.

¹² The notion of the reparative gesture and the idealised narrative of the self-object union will be clarified further in section 5.2.4, but is of relevance to the discussion on intergenerationally manifested narrative themes.

This section serves to clarify the narrative tendencies of mothers who presented with avoidance as a primary intrapsychic and relational mechanism of defence against psychic pain. I shall consider in relation to this the implication of such avoidant tendencies on the children's capacity to narrate subjective experience, emphasising the disruption of mentalisation as a capacity to think and feel about the thoughts of oneself and another. As I have suggested, the participants' narratives revealed intrapsychic and relational avoidance as a primary defence. One of the central conclusions of this dissertation is the notion that the mothers' avoidance manifest intrapsychically. On the contrary, the demonstration of avoidance in the children was relationally manifest. A central aspect of Margaret, Rahel, Anne and Florence's narratives was the need for concealment of the despairing psychic core. Concealment manifested in these mothers as a narrative, relational and intrapsychic trend. Rahel, Anne, Toni and Margaret demonstrated a variety of enactments of concealment in which stories relating to traumatic experience were hidden from their children, or only partially revealed. The extent to which concealment was conscious or unconscious in its motivation was noted in relation to the mothers' ability to identify and name the fact of the concealment, and acknowledge their need to keep certain historical contents hidden from their children. Margaret was the least conscious of this process, and described herself as open and frank with her children. Margaret's son, Michael, identified his mother's hiddenness and concealment, and suggested that he is kept in the dark most of the time. This demonstrates the quality of dissociative process, manifesting as a concealment of the traumatic past, and motivated by an unconscious need to keep the trauma hidden. Anne, on the other hand, described her powerful need to cut herself away from her history; to split off from the past and "make like it never happened". This reflected in Anne's son Jonathan's descriptions, in which he described only coming to know parts of his mother's traumatic history at age 15.

The role of silence as a mechanism of avoidance, and the link between silence and embodied expressions of despair (Abrams, 1999), was an important theme in the data. In relation to this, Grand (2000) reflects on the importance of bodily enactment as a communication of internal affective states, which engages the child as witness.

"Bodily enactments engage the child/witness in an effort to make present that parental self which is absent (Grand, 2000, p. 26)

Anne provided an important reflection of her children's witnessing through her descriptions of her self-abusive behaviours.

I started beating myself up with a hairbrush and scratching, and *making my self bleed*. So the kids know that, they know that I scratch, they try and stop me but it's difficult because I believe that it's itchy and they say it's not. I have scratched my body so much that there are scars all over, so I don't like anyone to see my body.

This image conveys the witnessing of an expression of painful feeling, and the sense of not-knowing which accompanies this witnessing. Anne's children see her scratching, but think that there is nothing there; they do not know and cannot understand the source of the itch. In this we see the imprint on Anne's skin of an unknowable psychic distress; an imprint that is witnessed by her children, but not clearly grasped. Blum (2007) described the body as a medium through which *strangled affect* can find expression. We can see quite clearly here how Anne's unexpressed rage, having been taken into herself and located incommunicably at the hidden core of her psychic experience, finds expression through the harsh, aggressive and deeply punishing way in which she treats her physical body. Her children, in relation to this, are mystified onlookers.

Rahel reveals the dynamic of internal distress being voiced through the body, in the form of a narrative that cannot be spoken, but only demonstrated through the body (Abrams, 1999). It is an important indication of Rahel's psychic integration, and capacity for mentalisation, that she is able to make the kinds of links between visceral, embodied experience and unclaimed emotion. This experience links closely with the writings of Caruth (1996) and Sicher (2006) in which we see the experience of trauma, which cannot be claimed through language, finding voice through the body. What is being proposed is the presence of an embodied expression of physical distress which Rahel herself associates with an incompletely felt emotional experience.

A central theme which emerged through the analysis of data concerns the transmission of bodily expression of affective experience from mother to child. Rahel's story illustrates the expression of psychic despair through the body. When Sofie experiences herself in conflict with Rahel, she experiences anxiety which translates somatically into nausea. Interpersonal conflict evokes feelings of anxiety and fearfulness in Sofie, which parallel her mother's experience. Rahel's

history in relation to her own mother was shaped by experiences in which conflict with her mother was both psychologically and physically dangerous for her. Rahel's anxieties may be read in relation to this. Sofie, who has also experienced her mother as frightening and unpredictably aggressive, responds to interpersonal conflict in a manner which recalls Rahel's anxieties. Her body demonstrates this fearfulness most clearly, and represents a link with Rahel's embodied experience. The implication of this for the intergenerational transmission of trauma, I suggest, concerns the unformulated, inexpressible and unclaimed quality of traumatic experience. Just as Rahel expressed painful feelings of isolation, fear and despair through nausea, lying alone in her room in the foetal position, fists clenched and arms stretched in gestures of supplication, so Sofie experiences a sense of nausea, which she associates with feelings of anxiety and guilt. The body is a vehicle for expression of unspeakable and unsharable emotion, as it emerges in the relationship between Rahel and Sofie.

As far as the relationship between Rahel and her daughters is concerned, there is no recognition of this embodied and emotional woundedness. It is not witnessed as an expression of internal distress. However, as an experience which impacts on Rahel in the form of exhaustion, physical frailty and distress, these bodily states of unrest remove Rahel from her connection with her children. They manifest as an embodied barrier, and as such enact a relational disruption between mother and child. As Caruth (1996, 2001) claims, such an enactment represents the unrepresentable, but does so in a way which maintains the unwitnessed and unknowable quality of the experience.

The element of silence, concealment and hiddenness in the mother's narratives is considered by Danieli in terms of the *conspiracy of silence*. Danieli observed the conscious cooperation within the families of survivors to maintain the ethic of unspeakability regarding the traumatic history (Danieli, 1985). This cooperation with silence as a defining quality of the family narrative has important bearing for the analysis of the adult children's narratives. Lysaker & Lysaker (2002) explored the notion of narrative within the framework of the dialogical self. For these authors, internal dialogue represents a condition of psychic integration and continuity, and enables organisation and completeness in the self's narrative of experience. Lack of dialogue, in which

conflicted and ambivalent aspects of self experience become disengaged and unlinked, influences the self's narrative of lived experience.

Dimaggio (2006) highlights two narrative trends which are relevant to the analysis of the adult children's stories. Firstly, he identifies the *impoverished narrative*, similar to Lysaker & Lysaker's (2002) *barren narrative*. These narratives are defined by absence and incompleteness. The barren or impoverished narrative excludes significant psychic contents through deletion and obliteration. The interviews with Rahel's daughters and Margaret's son exemplified this strongly, with participants giving brief, unrevealing responses that created the impression of defensively motivated hiddenness.

Secondly, Dimaggio (2006) speaks of the *dominant narrative*, which is similar to Lysaker and Lysaker's (2002) *monologue*, and Stern's (1997) *narrative rigidity*. This narrative tendency is one of exclusion through over-emphasis of one particular narrative theme. Lysaker & Lysaker (2002) define monologue as the dominance of one narrative theme over other themes. The monologue represents a psychic content that is more tolerable to the self, and is therefore allowed exclusive entry into internal and relational dialogue. Similarly, Stern's narrative rigidity describes the emphasis of one dimension of self to the exclusion of other dimensions. This emphasis generates the illusion of complete coherence, consistency and integration of self, and assists the self in defending against awareness of internally disruptive affective states.

In light of the two narrative tendencies described above, Sofie and Michael exhibited the barren or impoverished narrative, through their sparse responses to questions, and the thinness of their narratives. Jonathan and Tamsyn, on the other hand, demonstrated the dominant or rigid narrative through their emphasis of idealised versions of their mothers, their childhoods and their relationships. Such narrative tendencies are evidence of a primarily avoidant approach to the narration of lived experience. The avoidance manifests in two ways. Firstly, in terms of the barren narrative, the avoidance can be seen as a retreat or withdrawal from the act of narration. The adult child was seen to defensively turn away from the act of telling, thereby creating holes and absences in the narrative. Secondly, in terms of the monologue, or dominant narrative, the adult child was seen to negate the presence of conflicted and darker emotions, presenting

exclusively the ideal story. In both cases, conflict, pain and the unclaimed despair held in deep memory are kept silently. Through the mechanism of avoidance as a narrative trend, the imperative of silence is maintained.

5.4 The Kohutian reparative process and the intergenerational transmission of trauma

Central to Kohutian analytic theory is the process of internalisation of self-object relationships, which constitute the psychological structure of the self. In the context of a facilitative attachment relationship, such internalisations mutate in relation to the child's healthy development towards independence and psychic integration (Ulman & Brother, 1988). This process involves the child's moving from a phase-appropriate self-object representation that is defined by archaic grandiose and idealising fantasies, and towards self-object representations that are more accepting of deprivation and absence, and more realistically ambivalent. In relation to the process of transmuting internalisations of self-object representation, the self becomes more able to develop moderated representations of self and the self-object union.

A relational psychoanalytic exploration of the intergenerational transmission of trauma is facilitated by Kohut's grasp of the series of fragmentations and restorations which traumatic parental failure has on the developing self. Ulman and Brothers (1988) identified the fragmentations of self which occur in the context of the self-object relationship, and are the result of moments of traumatic rupture that are instantiated by absence, loss, death or injury to the self. In response to these fragmentations the self engages with a process of restoration and reparation. Such restoration, suggests Kohut (1971), aims towards the restitution of a fragmented self and self-object union, and is grasped as a process of defensive disavowal of those parts of the self-object union which are injurious to the self.

A crucial consideration concerning the restoration of the fragmented or shattered self, as outlined by Ulman and Brothers (1988), concerns Kohut's notion of the *vertical split*. Kohut (1971, 1984) describes the process whereby the child attempts to restore an idealised fantasy of the self and self-object union by disavowing the intolerable and potentially shattering failures within the self-object union. The disavowal also takes place at the level of splitting off from awareness of the fact of denial. The child splits off from an acknowledgement of the extent to which he or she may be

constructing a rigidly idealised and grandiose internalisation of the self-object union. Kohut's notion of the defensively motivated efforts by the nuclear self to repair itself in the aftermath of traumatic rupture is a vital consideration in this analysis of the experiences of children whose mothers survived traumatic interpersonal experience. The reparative gesture may constitute the psychological structure of the children of mothers whose capacities to be fully emotionally present is compromised by their history of traumatic rupture.

In relation to Kohut's theory, the mothers' compliance, timidity and de-prioritisation of self are considered. Rahel's return to her mother after a long absence, her nursing her mother in her old age, and her history of self-sacrifice and relational compliance, reflect reparation in two ways. Firstly, as a gesture aimed at restoring internal representations of attachment, and secondly, as a psychological structure aimed at reconstituting an image of self as loved and lovable. Anne's compliance and self-sacrifice demonstrate a similar psychic trend; the reparation of an internal representation of self, and the attempt to reconstitute the internal representation of object relationships. I suggest that such reparative gestures occur at the level of intersubjectivity, revealing themselves as an aspect of the mothers' self structure.

The emergence of reparation in the adult children was twofold, and reflects evidence of the intergenerational transmission of relational themes connected with the mothers' trauma. On the one hand, all four children described the element of compliance, timidity, and avoidance of confrontation. This emerged out of a desire to avoid upsetting their mothers, and a feeling of guilt should this come to pass. In addition to this, reparation emerged in the form of role-diffusion and the conflation of boundaries, in which the children adopted nurturing, containing and ameliorating roles in relation to their mothers. Such diffusion of roles implies that the children's own needs for emotional containment may have been neglected, as the mothers' needs were being met. The adoption of such roles creates a rigid relational template, but one which nonetheless establishes and sediments the self-object union, and disabled the process of transmuting internalisations.

The second manifestation of the reparative gesture in the children's narratives emerged through the overtly idealising descriptions of the mothers juxtaposed with a simultaneous disavowal of the affective implications of the mothers' negative qualities. At the foreground of the four adult

children's descriptions of their experience of their mothers when growing up were positive experiences and memories. The children described feeling a sense of safety, closeness, trust and gratitude in relation to their mothers, considering their childhood experiences of them. Although the adult children's memories of their mothers were predominantly positive, this was complicated by a degree of ambivalence. The adult children's positive descriptions of their experiences reflect the various ways in which the mothers were able to demonstrate kindness, authenticity, unconditional love, friendship and trustworthiness in their relationships with their children. On the other hand, the positive, idealising descriptions could be seen as representing a need to avoid the surfacing of internal conflict in the narrative. The children demonstrated avoidance of the conflict that may arise from holding in mind the contradictory and irreconcilable experiences of a loving, attentive mother, and an enraged, abandoning mother. The children were seen to avoid engaging with painful, anxiety-arousing and frightening memories. To the extent that they did engage with such memories, there was little correspondence between negative and positive experience; the experiences were split apart in the context of the narrative.

Similarly, it was revealed in the analysis of data that all mothers who participated in the study exhibited displays of dissociated vehement emotion, which were noted in stark contrast to the mothers' compliance, timidity and self-sacrificial gestures. Such displays could have been potentially frightening, confounding and anxiety-arousing for the children. The children's narratives revealed a pervasive tendency to avoid engaging with this part of the self-object experience. The mothers' rage, aggressiveness, anxiety and despair was dis-acknowledged, and the implication of the mothers' dark emotions was disavowed in the children's narratives. This reflected a vertical split (Ulman & Brothers, 1988) in the children's narratives, in which there was a dissociative disengagement from the part of the mother, and from the part of the self-object relationship, which caused pain and conflict in the adult child.

I am framing this aspect of the children's narratives primarily in terms of defensive processes. On the one hand, the children's stories, as was seen in the analysis provided in Chapter 4, revealed a tendency towards deletion, distortion and obliteration of memories relating to their mothers' ways of being and relating. It has been observed that all six mothers expressed dissociated vehement emotions, including rage, despair, guilt, anxiety and fear, in the context of the relationships with

their children. Moreover, Anne, Rahel, Sylvia, Toni and Florence, described experiences of psychic absence, in which they experienced themselves as emotionless, robotic, numb, dead and detached from the intersubjective surround. I suggest that the mothers' occasional spillage of dissociated emotion, and their intermittent absences, could have exposed the children to experiences of fear, anxiety and attachment insecurity on the one hand, and abandonment, emotional neglect and isolation on the other. The absence of the children's descriptions of such experience, it is suggested, is evidence of their defensively dissociative response to the painful feelings which they may have experienced in their relationships with their mothers.

5.5 Dissociation and the intergenerational transmission of trauma: The remembered dance

Cycles, circles
One big dance
Did I make me
Or
Become my by chance?¹³

5.5.1 Dissociation as a coevally intrapsychic and relational defence against pain

The adult children demonstrated a relationally enacted dissociative process in two ways. Primarily, there was a sense in the children of a need to move away from their mother when she was experiencing painful or conflicted emotions. This movement enacted a withdrawal from contact, into a private space, to return when their mother had regained emotional composure. This withdrawal, seen primarily as a need in the children to disengage from their mother's painful emotions, was simultaneously a need in the mother to deny the children access to these emotions. We may deduce from this a relationally enacted, mutually arranged dissociative process which conceals the mother's emotional state from the child, and allows the child to avoid the fact of the emotion. The mother's demonstrations of avoidance are the primary mechanism by which this negation and disavowal takes place.

¹³ This is taken from a poem written by Toni, in which she describes her experience of mothering, when Tamsyn was 9 years old.

In the review of literature on dissociative process, I described a variety of conceptualisations of the experience, considering dissociation primarily as a consequence of traumatically generated disintegration of the self. The formulations of dissociation which I am emphasising here grasp its inherent duality, in which we see dissociation as a coevally intrapsychic and relational process. I am offering two constructions of intrapsychic dissociative defence, which I suggest are linked in terms of causality and manifestation. Firstly, Bromberg's (1998, 2001, 2003) notion of dissociation as existing on a spectrum between health and pathology, and as defined by an inability to "stand in the spaces" between opposing and painfully conflicted self states. For Bromberg, dissociation is strongly reflective of the Bionian notion of attacks on linking (Bion, 1959), and represents an experience in which dialogue between different self states is disabled. This situation introduces an intrapsychic inhibition on dialogue, and renders the dialogically dislocated self states "cut off from authentic human relatedness and deadened to full participation in the life of the rest of the personality" (Bromberg, 1998, p. 133). Bromberg (1998), who was preceded by Ulman & Brothers (1988), extends the experience of intrapsychic deadness, and observes its correlates with relationship. He suggests that the mnemonic and affective parts of the self that are excluded from internal dialogue become deadened to relational participation. It is in relation to this that I emphasise the notion that the disruption of the dialogical self (Hermans & Kempen, 1993; Hermans, 2002) is simultaneously a disruption of the capacity to feel, and a disruption of relationship.

The second articulation of dissociative process which I am using in this analysis concerns Stern's (1997, 2003) notion of *unformulated experience*. Stern identified unformulated experience as a lack of differentiation of internal experience, in which an absence of clarity renders the subjectivity of the self unrepresentable to itself and to the other. Via this logic, unformulated experience presents itself as that which, being too painful, and being insufficiently contained by the other, is not seen in its completeness, but is known only as a vague and ambiguous presence. Unformulated experience cannot be seen because there is a defensively cultivated blindness for it; a blindness that is created by the imperative of silence, and the absence of dialogue. The condition of being an infant in relation to a defensively avoidant or dissociatively disengaged mother creates the intrapsychic situation of unformulated experience. In relation to this, the absence of language as a container for subjective experience produces the condition of unformulated experience. It is

through this that we see Stern's construction of unformulated experience as a defence against psychic pain, manifesting as an inability to witness the subjective experience of oneself and the other, and born out of the deletion, distortion or obliteration of language as the vehicle to knowing.

Robert Stolorow (2007) provides a conceptualisation of trauma and dissociation in which I identify an important conclusion concerning the intergenerational transmission of trauma.

Trauma is constituted in an intersubjective context in which severe emotional pain cannot find a relational home in which it can be held.

In such a context painful affect states become unendurable – that is, traumatic. (Stolorow, 2007, p. 10)

In this passage, Stolorow captures the primarily intersubjective conditions underlying the experience of cumulative trauma for the child, within the mother-infant relationship. In such a relationship, the mother is unable to offer herself as a container for the infant's projections of severe distress. The mother's internal fragmentation renders her unable to hold and formulate the infant's emotions. Through this, she is unable to assist the infant in the digestion of feeling. The literature shows us that this places the infant in a precarious and painful position of having to manage pain within an unsafe relational context, what Lichtenberg calls the "insoluble dilemma" (2003, p. 170). Such management of pain takes place through mechanisms of dissociative defence (Liotti, 1992, 1999, 2004).

I am emphasising here the notion of dissociation as born out of an intersubjective space in which there is no relational home (Stolorow, 2007) for internal distress. The concept of a relational home for feeling has been considered in this analysis with reference to the visitations of the mother's unpredictable, foreign and homeless emotions inside the relationship. It is towards the notion of relationship as a container of emotion that I now turn, in order to examine the ways in which the relationship between mother who has survived trauma and her adult child becomes jarringly imbued with the mother's homeless emotion. The implications of this for the intergenerational transmission of trauma are the central findings of this dissertation.

5.5.2 Finding a relational home in the wrong time and the wrong place: Visitations of dissociated emotion and the intergenerational transmission of trauma

The narratives provided by the six mothers who participated in the study, and the four adult children, revealed a central theme, which I am proffering as pivotal to the intergenerational transmission of trauma. This section aims to clarify this central theme.

The mothers described, in varying degrees, the uncontrollable expression of dissociated vehement emotion in the context of the relationship. All six mothers described their experience of losing a capacity to regulate their emotional states. The consequence of this was that the children were exposed to powerful and frightening feelings in the mother, which they had to cope with and survive. These feelings were largely uninterpretable, and represented the presence of mysterious, frightening and homeless emotions inside the relationship. The description of *homeless emotion* echoes Stolorow's (2007) notion of the relational home, in which emotion becomes communicable within the safety of a new relationship. Homeless emotion comes from nowhere, and finds its place within the relationship between mother and child, where it does not belong. The mothers described how the surfacing of dissociated emotion, often in the form of rage, led to aggressive behaviours directed at their children. Such experiences are linked with a strong sense of insecurity in the relationship between mother and child, in which the unpredictable expression of anger led to the children's feelings of uncertainty, fear and anxiety in relation to their mothers. As will be seen more clearly in the analysis of the children's narratives, this was associated in the narratives with two mechanisms of defence. Firstly, the children demonstrated self-protective avoidance, enacted through their withdrawal from their mothers, when the mothers experienced painful, uncontained negative affect. Secondly, they all demonstrated, in different ways, a variety of reparative gestures aimed at the restoration and restitution of internal representations of the self-object union. Such reparative gestures manifested in three forms: firstly, an overly-compliant, timid and interpersonally avoidant way of relating; secondly, an idealised description of the mother; and thirdly, a defensive splitting off from, or disavowal of, the parts of the mother which the children could not tolerate. These trends in the children's narratives reflected their need to narrate a version of themselves as being loved by a loving, attentive and containing mother, and hence reflected defensively motivated efforts at the reparation of internal representations of self and the self-object union.

The mothers revealed in various ways their expression of the vehement emotions (Van der Kolk, 1989) in their relationships with their children. These vehement emotions, much like Sullivan's (1953) uncanny emotions, include rage, despair, grief, fear, annihilatory loneliness, guilt and shame. This demonstration of emotion in the mothers can be connected with Lemma and Levy's (2004) notion of trauma as instantiating a breakdown in the survivor's capacity to mourn. The emergence of vehement emotion is linked with the mothers' inability to process and integrate painful experiences of loss and grief. And the unresolved rage, guilt and anxiety are reflections of such a breakdown. Rahel, Sylvia, Florence and Anne demonstrated unpredictable spillages of vehement emotion, which their children witnessed, and experienced as mysterious and unknowable. This emotion was connected with dissociation as the primary mechanism of coping with painful feelings. It was seen that entry into the research process, specifically for Sylvia, Anne and Rahel, precipitated feelings of despair, anxiety and grief. It is suggested that the research process precipitated a shift in the manner in which mothers processed their trauma psychically. The history of trauma was held in awareness, and the emotions came into acute focus. The engagement with the research process shifted the dissociative defence to a degree, with the result that the more authentic emotions, such as grief, despair and sadness could emerge, and could be grasped as being related to their histories of trauma. These emotions are further defined by their being unexpressed through language and enacted through body. We see the expression of such vehement emotions in relationships between the mothers and their adult children at various stages in the life-cycle. Anne, Sylvia, Florence and Rahel reflected on their experience and expression of rage in relation to their children. This rage caused in the mothers feelings of guilt, and created in the relationship between mother and child an intersubjectively located fear. Rahel spoke of how she thought her children were afraid of her because they sometimes said they were. Sylvia recalls her young son expressing his fear in relation to her. Rahel, Toni, Anne and Sylvia exhibited various intensities of despair, in which their traumatically generated grief, isolation and fear found a home in the space between mother and child. Anne, Rahel and Sylvia demonstrated pervasive and intense symptoms of anxiety, with Anne and Rahel's intense affects finding expression in their bodies. These presentations of intense affect took place within the intersubjective space between mother and child, but were unknowable to the child. The emotions were mysterious and historically dislocated. Janet, cited in Van der Kolk (1989), conceived of trauma in terms of the emergence of vehement emotions, which disrupt the self's internal cohesion, exert a disintegrating

influence on the mind, and penetrate the traumatised self's future relationships. I am proposing here that the emergence of unknowable and historically disconnected emotion in the mother's relationship with the child could potentially exert the same kind of disintegrating influence in the child as the traumatic experience exerts on the mother.

Considering the possibility of the influence of the mother finding a relational home for her vehement emotions in the relationship with the child, one primary question is raised: what is the influence of the mother's demonstrations of mysterious and historically dislocated traumatic affect on the adult child? In addressing this question, it is essential to bear in mind two themes which are central to this analysis: Firstly, concerning the theme of knowing and not-knowing, I consider the dialectic of the mothers' presence - or attunement, and their absence - or deadness to participation, in relation to their children. The mothers, in this sense, are known in their presence and unknown in their absence. Secondly, the dialectic of knowing and not-knowing presents the child with a situation of intolerable ambivalence in which radically divergent dualisms present themselves. Such dualisms include attachment and disconnection, fusion and withdrawal, seeing and blindness, language and archaic viscera, and finally narcissistic relatedness and object relatedness (Grand, 2000). The child's negotiation of these dualities constitutes the analytic field within which we can identify the presence of the intergenerational transmission of trauma. The final section of this analysis will be framed as a statement of the quality of the dissociative defence which manifests in the adult children's narratives, and represents the intergenerational transmission of trauma, conceived as a disruption of the capacity for internal and relational dialogue between ambivalent self states, and is otherwise described as a disruption of the capacity to feel.

5.5.3 Denouement: Dissociation and the disruption of internal and relational dialogue as evidence of the intergenerational transmission of trauma

The primary theoretic conclusion drawn in this dissertation concerns the role of dissociation in the intergenerational transmission of trauma. I am offering a construction of dissociation which views it as a defence against awareness of intolerable, ambivalent anxiety arousing and painful self states (Bromberg, 1998, 2001, 2003; Davies, 1998; Stern, 2002; Howell, 2005; Naso, 2007). I am conceptualising this defence as a process of disrupted internal dialogue, in which communication between conflicted and ambivalent self states is disabled. Self states, as I have suggested in the

review of the literature, are multiple, and constitute the individual self as a manifold coalescence of qualitatively different cores of subjectivity (Bakhtin, 1981). Lysaker, Johannesen and Lysaker (2005) articulated the notion of the polyphonic self, observing how the self expresses its multiplicity through a variety of voices with each voice articulating a different and potentially conflicted subjectivity.

My consideration of the theory of the dialogical self and of the rupture in dialogicality affected by trauma is influenced by Wittgensteinian theory, which identifies a link between language and being. Moyal-Sharrock (2000) articulates the ontological equivalence which Wittgenstein identifies between word and self, in which the intersubjectively located act of articulating subjective experience in language brings the self into being. Intersubjectivity theory proposes that language, which is constituted by an organised convolution of related symbols, meanings, beliefs and self-other relationships, creates the self (Schulte, 2000). It is in relation to the imperative of language as constitutional of the self that I am considering the implications of the disruption of the dialogical self for the intergenerational transmission of traumatic themes. The situation of incommunicability of part of the self is intersubjectively equivalent to psychological rupture, which is defined here as the lack of communication within the self regarding itself. This lack of internal and relational communication, I suggest, is linked with the transmission of traumatic rupture from one generation to the next.

The narratives collected through the interviews with mothers who had survived childhood interpersonal trauma and their adult children revealed a number of important demonstrations of disrupted dialogue. Such disruption manifested in the following ways:

Firstly, the demonstrated absence of memory in Rahel, Florence, Toni and Anne's stories represents the disrupted dialogue between current and historical versions of self. The traumatic history, for these mothers, represents a 'not-me' component of the self that is held in a psychically disconnected space, and not integrated into the autobiography of self. Anne reveals this powerfully in the following statement: "Who the hell is me? You know? Me! ... Me is a non-person." The children's knowledge of their mothers' internal struggles connects with hiddenness as creating a split in their experience of their mother. Michael described this in terms of his

experience of his mother's duplicity, in which she would behave in public as if certain relational conflicts and sources of family pain did not exist. Michael's experience of this was one of feeling confused and frustrated by Margaret's pretence. The notion of a divided self emerged in Jonathan and Tamsyn's narratives, in which they reflected on the emergence of their mother's painful emotions when they were in middle adolescence. As Toni and Anne began to experience their traumatically generated dissociated emotion, these emotions entered the relationship between mother and child, as if out of nowhere. Jonathan described being struck by Anne's becoming a different person entirely. The mother that he knew suddenly went away and was displaced by someone whose rage was frightening to him. This experience introduced a new knowledge and awareness of the mother which disrupted what the children thought they knew.

The inclusion of this discarded memorial self-state in the mothers' narratives, through their participation in the research, represented a unique act of telling in their lives. Through the interviews a dislocated self-state was allowed entry into the story of the self; that which was not me, now becomes me through the telling. This process reflected the mothers beginning to engage differently with their own dissociatively arranged disrupted internal dialogue. The interview process represented an act of communication between the mothers' present and historical selves, located in the relationship between researcher and participant. The interview therefore represented a relational enactment of an attempt in the mothers to restore internal dialogue, in the context of an isolated, partitioned relationship. In terms of the mothers' relationships with their children, however, it was noted that their historical selves, being defensively excluded from intrapsychic dialogue, were simultaneously excluded from the relationship with the child. Just as the historical traumatised self represented a 'not-me' component in the mother, it represented a *not-you* component in the child's experience of their mother (Bromberg, 2003). Anne's son, Jonathan, revealed his shocking encounter with his mother's dislocated traumatised self. He told me how, when witnessing Anne's traumatically generated emotions in his early adolescence, he said to Anne "I want my mother back". This moment represents Jonathan's struggles with being exposed to Anne's unfathomable, historically dislocated and vehement emotion; emotion which, as Anne suggested, had previously stayed hidden behind a "mask". We see here that, for Jonathan, the emergence of these emotions in Anne equates with the emergence of a part of her which he does not know and cannot tolerate.

The second manifestation of the disruption of internal dialogue which mothers described relates to the experience of deadness, numbness and absence to experience. We see this reflected in the literature in a variety of ways. Bromberg (1998, p. 133) speaks of dissociation in terms of parts of the self becoming deadened to internal and intersubjective participation. Green (1983) speaks of the dead mother. Bokanowski (2004), following Ferenczi, describes the splitting off of a part of the self that is associated with traumatic pain, creating a segregated core of experience that is not alive to its own experience, or to the experience of the other. The mothers' narratives revealed this sense of deadness to participation in a variety of ways. Anne told me of her profound sense of deadness as she entered motherhood. Her experience was one of deep absence to her own subjective states, and to those of her child. In relation to this, she described herself as a kind of automaton, functioning to meet the needs of her child, but experiencing a total detachment within herself. This situation represents Anne's profound dissociative splitting off from her grieving, violated and frightened self. Likewise, Toni described a sense of the deadness of her subjective feeling self, conveying her *numbness* and sense of being alienated from her emotional self. For both Toni and Anne, there is a disruption in dialogue between the emotional self and the functional, proficient self. A similar description of the splitting off of an emotional self was articulated by Margaret's son Michael, who described his mother as a "very professional person", clarifying that this meant that she is helpful and open, but is perhaps "hiding problems somewhere".

The theme of numbness and absence, grasped here as a splitting off of a portion of the self, emerged in Florence and Sylvia's stories. Florence described her disappearance from her children's lives in the very early childhood, connecting this with her discomfort with the closeness of the mother-child relationship, and her sense of her own ineptitude as a mother. Florence's total removal of self is grasped here as an enforced absenting of self, out of a desire to dissociate from awareness of her acute discomfort. We can see how such absenting of the self could symbolise the total disruption of dialogue, and cultivates a situation of abandonment in the child's life. The unwillingness of Florence's children to participate in the research foreclosed the possibility of learning about the meaningfulness of this experience for Florence's children. Sylvia's demonstration of deadness to participation manifested partly through her own sense of the numbing of her emotional self as an unconscious process, as well as her more consciously

cultivated psychic numbness through substance abuse. Sylvia's drug abuse generated a feeling of deadness within her which absented her both from herself and from her children.

These reflections of disrupted dialogue in the mothers, which I am equating here with a disruption of the capacity to feel, emerge as indicators of intrapsychically manifested dissociative process, which correlates with the relationship between mother and child. The suggestion in this dissertation is that the primary reflection of the mother's traumatic history in the adult children's internal and intersubjective world is revealed in the children through similar disruptions in dialogue between conflicted self states, and consequently a similar disruption in the capacity to feel. The adult children's narratives demonstrated their desire to dissociate from their awareness of that part of their mother's lived experience which the mothers themselves desired to dissociate from. The mothers' lack of dialogue, between current and historical selves, between emotional and functional selves, between archaic prelinguistic viscera and symbolised formulated experience, created an inaccessible core which was split off from relational participation. This inaccessible core, the mothers' 'not-me' component, had implications for their relationships with the children. Among these implications are included the children's feelings about the mothers' deadness, absence, unpredictable expression of homeless emotion, and embodied demonstration of silenced pain.

The children's need to avoid the mothers' dissociated core manifested in various ways. Firstly, there is a disruption of a capacity for mentalisation demonstrated in the children's, most notably Sofie, Michael and Jonathan, weakened capacity to think about their own thoughts and the thoughts of their mothers. Mentalisation, as a reflective function by which one self comes to know the thoughts, feelings, desires and fantasies of another self (Fonagy, 1998, 1999, 2001, 2005), is seen here as disabled by a dissociatively arranged, traumatically generated disruption of internal and relational dialogue.

Secondly, the avoidance of dialogue between the adult children and their mother's split-off, agonised core manifested through the children's idealised narratives. The children only allowed for the entry of positive, idealising descriptions into their narratives of relational experience. Such idealisation represents the children's dissociatively arranged disruption of dialogue. In this sense,

the children's internal processing only allows internal dialogue with the idealised object, foreclosing internal and intersubjective relationship with other parts of the mother. This kind of dissociative disruption of dialogue is articulated by Stern (1997) as a "restriction of the experiences we allow ourselves to have" (p. 87). Consequently, the suggestion is that the children's disruption of dialogue is shaped by their consciously and subconsciously arranged avoidance of internal and intersubjective relationship with the mothers' traumatised self.

The third and final manifestation of disrupted dialogue in the children, and one which echoes Stern's (1997) notion of dissociation as a restriction of experiences permissible to the self, was seen in the adult children's engagement with their negative self states. Parts of the adult children's self which contained painful affect, grief-laden memory, fear and ambiguity, were foreclosed from intrapsychic dialogue. These parts of the self, being split off from the narrative of self, were excluded from the narrative. These self states, being inaccessible to internal dialogue, were similarly inaccessible to the intersubjective space. They could not be felt, they could not be thought, were not articulated, and so could not be known. The struggle to know the experience of the self is proposed here as a consequence of a disruption of internal dialogue. Important evidence of this struggle related to my own experience of the adult children, in which I became aware of a struggle to connect with the felt sense of the adult children's narratives. I could not form a sense of resonance or subjective knowing. Psychoanalytically speaking, there was an absence or disruption in the counter-transference. To the extent that a part of the adult child's self was split off through disrupted intrapsychic dialogue, these same parts of the self were dislocated from the intersubjective space. The experiences of negative affect were excluded from internal and relational dialogue, and so represented a restriction in the range of the adult children's possibilities of being and knowing, and of being known by the other. Avoidance manifested in the adult children's narratives in the form of narrative rigidity (Stern, 1997) in which certain intrapsychic and relationship experiences were disallowed from entry into the autobiographical narrative. These experiences could not be thought about and felt within the adult child's self, and so could not find a relational home between self and other. The absence of thinking about and feeling into the traumatic history instantiates a relational atmosphere that is shaped by qualities of silence and darkness, and it is in relation to this that we see the intergenerational transmission of trauma.

CHAPTER 6

CONCLUDING REMARKS: AN INTEGRATION OF FINDINGS AND SUGGESTIONS FOR FURTHER RESEARCH

6.1 Introduction

This chapter is structured as a brief statement of the aims of the study, and a synthesis of the conclusions drawn. The limitations of this study will be clarified, addressing these limitations in terms of their impact on the interpretive and analytic possibilities of the study. Recommendations for further research will be given, suggesting ways in which this research can be extended through further scholarship.

6.2 Aims of the study

The aim of this study was to examine the intergenerational transmission of trauma, analysing the ways in which mothers' histories of trauma influence patterns of parent-child relationship, focusing on how trauma is transmitted intergenerationally through patterns of relating. The following research questions guided the process of data collection and analysis:

- 1) What is the nature of the trauma that the mothers in the study experienced in their childhood?
- 2) How is the trauma reflected in their parenting and in the relationship with their children?
- 3) What are the unconscious effects of the trauma on the mothers' relationship with their children?
- 4) What are the observable manifestations, as well as unconscious expressions of trauma, in children brought up by mothers who have a history of trauma?

The triangulation of hermeneutic phenomenological, narrative and psychoanalytic case study was applied, with a view to enabling descriptive analyses of subjectively lived experience. This constituted a primarily qualitative endeavour. The study engaged with a diverse group of six women who had survived interpersonal or relational trauma in early childhood. The initial aim was to include one adult child, thereby enabling analysis the narratives of a mother/adult child dyad. The children of four out of the six mothers who participated in the study were willing to engage with the process.

6.3 Summary of findings

This summary of findings will synthesise the analysis of data given in Chapter 5, sub-sections 5.2 to 5.5. This component of the analysis articulated the primary themes emerging from the participants' narratives, considered in relation to the hermeneutic framework which was applied to the research as a whole. As noted in the review of literature, the hermeneutic framework was constituted by attachment-oriented relational psychoanalytic literature, intersubjectivity theory, Kohutian self psychology, and relational psychoanalytic theories on dissociation and the intergenerational transmission of trauma.

Four primary frameworks for analysis were given (5.2; 5.3; 5.4; 5.5), each of which shall be clarified briefly here.

In Chapter 5.2, relational psychoanalytic articulations of attachment theory were considered, emphasising the primacy of disorganised attachment to explorations into the intergenerational transmission of trauma. Links were drawn between observations in the literature on the relationship between parents' unresolved loss or trauma, their frightened or frightening behaviours, and the intergenerational transmission of trauma through infant's disorganised or disoriented attachment (Lyons-Ruth & Block, 1996; Fonagy, 1998 & 1999; Sagi-Schwartz, Koren-Karie & Joels, 2003; Lyons-Ruth, 2003; Pearlman & Courtois, 2005). An important absence in the analysis concerned the children of mothers who displayed frightened or frightening behaviours, who did not participate. The links drawn by the theorists emphasising the disorganised/disoriented pattern of attachment were less apparent in this research. What came to the fore in this dissertation was the presence of insecure/preoccupied attachment, with avoidance as an intrapsychically and relationally manifested defence which has denial as its primary mechanism of defence (Sandler, 2003). A central conclusion drawn here, which represents a departure from consensus in the literature, concerns the relationship between avoidant attachment and the intergenerational transmission of trauma. Avoidance is proposed here as an intrapsychically and relationally manifested defence. The narratives of the mothers and adult children participating in this study revealed a primary avoidance of conflicted, painful and negative experience. I described the mothers' and adult children's tendency towards retreat and withdrawal from the other when experiencing distressful emotions. Avoidance manifested as a relationally arranged effort to

dissociate from awareness of anxiety and pain. Through this the children were exposed to experiences that compromised the developmental achievement of a capacity for mentalisation, as defined by Fonagy (1998, 1999, 2001).

Chapter 5.3 explored the implications of the mother's unresolved loss or trauma, and her consequent affectively charged narrative disintegration, on the adult child's capacity to think about his own thoughts, and to narrate lived experience. Primarily, it was shown that the fact of the mother's painful emotions being concealed in the mother's narrative means that there exists within her an unknowable and mysterious core of painful internal experience. This unknowable core of experience represents a psychic barrier, in which certain experiences are locked in the mother, and the child finds the mother less accessible because of this. The child, who experiences needs for safety through secure attachment, compensates for this psychic barrier, either through exaggerated dependence, or through a relationally staged narrative of intrapsychic experience which demonstrates an idealised version of the mother. The role of silence as a mechanism of avoidance, and the link between silence (Lifton, 1979; Gardner, 1999; Abrams, 1999; Sicher, 2006) and embodied expressions of despair (Caruth, 1996), emerged as an important theme in the data.

Two narrative tendencies in the adult children were identified; firstly, the barren or impoverished narrative (Lysaker & Lysaker, 2002), conveyed through the children's sparse responses, and the thinness of their narratives of subjective experience. Secondly, the dominant or rigid narrative (Stern, 1997), or monologue (Lysaker & Lysaker, 2002), emerged through the adult children's emphasis of idealised versions of their mothers, their childhoods and their relationships. Such narrative tendencies are evidence of a primarily avoidant approach to the narration of lived experience. The avoidance manifests in two ways. Firstly, in terms of the barren narrative, the avoidance can be seen as a retreat or withdrawal from the act of narration. The adult child was seen to defensively turn away from the act of telling, thereby creating holes and absences in the narrative. Secondly, in terms of the monologue, or dominant narrative, the adult child was seen to negate the presence of conflicted and darker emotions, by presenting the ideal story. In both cases, conflict, pain and the unclaimed despair held in deep memory are kept silently. Through the mechanism of avoidance as a narrative trend, the imperative of silence is maintained.

Chapter 5.4 explored the evidence of intergenerational transmission, reflecting on the theme of reparation, derived from Kohut's (1971, 1984) self psychological theory. It was noted that mothers who had survived interpersonal trauma in childhood enacted various reparative gestures in their current relationship, including compliance, self-sacrifice and interpersonal timidity. The children, who also enacted these interpersonally-manifested reparative gestures, demonstrated reparation more explicitly through their idealising descriptions of their mothers. This pattern reflected the children's need to dissociate from awareness of the painful, anxiety-arousing and distressing aspects of the mother, and of the self-object union. It was seen that the children's descriptions of their mother were quite inflexible, and described exclusively the positive, loving, nurturing, emotionally present and containing parts of the other. The aggressive, enraged, fearful, needful aspects were excluded from the narrative, reflecting a vertical split (1971, 1984) in the children's internal representations of the self-object union. Kohut describes the attempts by the self to maintain an idealised fantasy of both the self and self-object union. This is done, Kohut suggests, by disavowing the intolerable failures within the self-object union, and disavowing the emotional impact which these failures have on the self. The child splits off from his or her conscious knowing of the extent to which he or she may be constructing a rigidly idealised and grandiose internalisation of the self-object union. Kohut's notion of the efforts by self to repair itself in the aftermath of traumatic rupture is a vital consideration in this analysis of the intergenerational transmission of trauma. The reparative gesture may constitute the psychological structure of the children of mothers whose capacities to be fully emotionally present is compromised by their history of traumatic rupture.

Chapter 5.5 consolidated the link between dissociation, as a relationally-manifested defence against the awareness of painful feeling (Bromberg, 1998, 2001, 2003; Grand, 2000), and the intergenerational transmission of trauma. A primary theme which emerged through the analysis was the expression of unknowable and historically disconnected emotion in the mother's relationship with the child. I have described this as the location of homeless emotion in the relationship between mother and adult child. The notion of homeless emotion is derived from Stolorow's (2007) conception of trauma as being an affectively overwhelming experience for which the survivor finds no *relational home* in which to safely communicate the experience. The experience is therefore dislocated from the intersubjective surround, and is held by the survivor in

a state of incommunicable isolation. Homeless emotion is defined here as the powerful traumatically-induced feeling which finds expression through the body and through enactment within the relationship between mother and adult child. Such emotion, through being excluded from the mother's historical narrative, and being kept silently as an unspeakable psychic content, enters the intersubjective space between mother and child, where it does not belong. I am proposing that the emergence of dislocated and homeless emotion within the relationship between mother and child could potentially exert the same kind of disintegrating influence in the child as the traumatic experience exerts on the mother. In relation to this, the primary theoretic conclusion drawn in this dissertation proffers a construction of dissociation as a defence against awareness of intolerable, ambivalent anxiety arousing and painful self states (Bromberg, 1998, 2001, 2003; Davies, 1998; Stern, 2002; Howell, 2005; Naso, 2007). This defensive process is described specifically as a process of disrupted internal dialogue, in which communication between conflicted and ambivalent self states is disabled (Bromberg, 1998).

The narratives collected through the interviews with mothers who had survived childhood interpersonal trauma and their adult children revealed a number of important demonstrations of disrupted dialogue. In terms of the mothers these demonstrations included the disrupted dialogue between current and historical versions of self and a sense of deadness, numbness and absence to experience. Disruption of dialogue manifested in the reduced capacity for mentalisation, as defined by Fonagy (1998, 1999, 2001) and in the narrative rigidity (Stern, 1997) which typified the children's narratives. The children's narratives revealed their intrapsychically arranged avoidance of certain kinds of knowledge, and so demonstrated the ways in which the dissociative defence is utilised in an effort to remain out of the sun, in the dark spaces of concealment, hiddenness and restriction on what can be safely known and thought about.

6.4 Limitations of the study

The potential limitations of this study relate to four problem areas which will be discussed in this section. I shall firstly address methodological concerns, exploring primarily the issue of the qualitative case study and the problem of validity. I then explore the place of the participants' psychic defences, particularly dissociation, and reflect on the influence which the participants' dissociative process can have on the researcher's capacity to grasp the unknowable aspects of

traumatic experience. Thirdly, I address the problem the researcher's position of difference in relation to the subjectivities of each participant. In this regard I discuss the influence of the researcher's differences in relation to the participants on the capacity to know, interpret and understand the participants' subjective experience. Finally, I consider this issue of diversity in psychological research, considering this in light of research into the intergenerational transmission of trauma within the South African context.

Firstly, with regards to methodological concerns, case study methodology aims to enable a detailed and focused exploration of a particular phenomenon as it is lived by a particular subjectivity (Rosenberg & Yates, 2007). Case study is proposed as a method which is applicable to the exploration and analysis of complex and contextualised phenomena. The number of participants used in this study is certainly appropriate given the aims of the study, and the level of depth of analysis. The motivation for employing a primarily qualitative methodology that had analysis of a small number of individual case studies at its core related to the potential to elicit deeply nuanced descriptions of experience. Certain methodological imperatives were installed in the process so as to ensure the validity of the study and reduce the impact of its inherent limitations. These related to the consistency of questions. Acknowledging that the interviews were broad and open-ended (Giorgi, 1970, 1975, 1985, 1997), the questioning aimed to use language consistently throughout all interviews, such that all participants had an equal sense of the researcher's exploratory agenda. Having said this, it is important to acknowledge that each participant brought into the interview process a uniqueness and diversity which could have impacted on their understandings of the researcher's questions. An assertion of the validity of the methodology was given by Denzin (1970), who emphasised the notion that a mixed-method approach eliminated the possibility of a biased data collection and analysis process and improved validity. In relation to this, the triangulation of hermeneutic phenomenological, narrative and psychoanalytic case study methodologies secured the validity of this research.

Another limitation which could potentially have complicated the methodology adopted in this research relates to the place of psychic defence in the participants' narratives. To the extent that each participant's dissociative process was a crucial analytic focus for the study, it also represented a unique challenge to the possibilities for analysis and interpretation. In relation to this, in my

approach to the collection of data I attempted to cultivate a sense of safety, comfort and non-coerciveness in the space between researcher and participant. Considering the highly sensitive nature of the questioning, the creation of a condition of psychological safety was considered essential, and aimed to minimize the feelings of anxiety and tension which may lead to dissociation within the context of the interviews. It is suggested that the more subtle and ambiguous demonstrations of dissociation may complicate the research process to the extent that the researcher's capacity to interpret participants' narratives is limited. With this in mind, the participants' affective states during the course of the interviews were carefully observed, and were considered in relation to the impact which their feelings of anxiety, tension and despair may have had on their capacity to narrate lived experience.

In relation to the complications which arise as a result of the participants' defences, and the implications which this may have for the researcher's capacity to know the participants' experience, I emphasise the notion that the aim of phenomenological hermeneutic research is not necessarily to establish truth and knowing. Rather, as Midgley (2006) suggests, research endeavours such as this one exist in the context of discovery. The aim of such work is to develop new possibilities for interpretation and analysis, and to stimulate new ways of thinking about subjectivity. Psychoanalytic case study, in this sense, serves as a framework of existing theoretic propositions which can be applied to narratives of lived experience and enable new explanatory and descriptive possibilities. This research manifests as a search for meaning, rather than truth or fact, and so the limitations to knowing that are presented by the participants' dissociative defences are less significant than the meaningfulness of those defences in terms of the intergenerational transmission of trauma.

The third limitation concerns the researcher's difference in relation to the participants, and the impacts of this on the researcher's capacity to know, empathically or interpretively, the participants' experiences. Considering the issue of diversity in research, it was important that participants came from diverse sects of the population, as this enabled rich data collection (Ribbens & Edwards, 1997; Song & Parker, 1995). With this in mind, certain fundamental socio-cultural, sexual, historical and political differences existed, which could be understood as barriers to interpretation. The exegesis of methodology addressed this difficulty by stating clearly what

these differences are, and emphasizing the importance of these differences for the researcher. It was suggested that naming the range of differences was necessary in order to work with them in a conscious, receptive and dynamic way. Parker (1994) describes the roles of the researcher in a qualitative study as central to the sense that is made. Within this framework, the researcher's position as a fully differentiated subjectivity complicates as well as deepens the analytic potential of qualitative research.

The final limitation concerns the issue of diversity within the participant group as a whole, and the location of this research within the context of South African scholarship. Given the place of trauma research in the political context of post-Apartheid South Africa, it is important to note the absence of narratives of trauma relating to the racism, violence, oppression and brutality of the Apartheid regime. The absence of Black South Africans represents a limitation to this study, firstly in terms of the issue of diversity. In this sense the participant group may not be adequately inclusive. Secondly, and perhaps more centrally in terms of the history of the South African Black people's history of exposure to violence and abuse, I consider the potential implications of this history for the intergenerational transmission of trauma within black families. I acknowledge that the absence of such narratives may in part relate to the way in which this research was advertised. The advert was placed in English only. This may have reduced the likelihood of people who feel more comfortable speaking in their mother-tongue participating in this study. It is also suggested that there may be a cultural censorship against telling which operates within Black South African communities. Gevisser (1989) described the impact of the terror of Apartheid as a curtailment of the expression of survivors' experiences, and observed a collective censorship which has led to the silencing of the experience of black South Africans. He quotes Nadine Gordimer, who described the stories of "freedom-seeking South Africans" as being "built on halfnesses and darknesses" (Gevisser, 1989, p. 565). This commentary, written during the darkest years of Apartheid, is still relevant to South African society's processing of its shared history of trauma, and reflects the relative absence of the narratives of Black South Africans.

6.5 Implications of the research

This study has described the intrapsychic and relational mechanisms which shape mothers' and their children's defence against the enduring impacts of traumatic rupture on the self. The theme

of avoidance and dissociation emerged centrally, and reflected the efforts by the survivor and the second generation to cope with traumatic rupture through withdrawing from internally and relationally manifest sources of conflict. Such withdrawal creates points of fracture within family relationships. In relation to this, histories of trauma are seen to emerge within the context of families in a manner which is potentially disruptive of relationship. The insights derived from this research, I suggest, could be used to enrich clinicians' understandings within the context of family therapy work involving intergenerational themes (Boszormenyi-Nagi & Spark, 1973; Goldenberg & Goldenberg, 2008). This is specifically relevant to instances of dissociative process within the family relational dynamic. Family psychotherapeutic processes that attend to the intergenerational transmission of traumatic themes could benefit from the insights derived in this dissertation relating to the reparative gesture (Kohut, 1971), the emergence of dissociation as the disruption of internal and relational dialogue (Bromberg, 1998), and the notion of dissociation as unformulated experience, as defined by Stern (1997).

An important statement concerning the findings relates to the position of this work within the South African context of racial and ethnic diversity. To the extent that it was possible to identify themes, patterns and identifications emerging across racial lines, it can be suggested that human beings' responses to trauma, and the responses of the children of trauma survivors, transcend certain boundaries. A particular strength of this study is that it introduces into the literature on intergenerational transmission of trauma a greater degree of diversity across case studies. The impact of experiences of childhood interpersonal trauma on the survivor's mothering, and the experience of being a child in relation to a traumatised mother, are considered in this dissertation in terms of the interpretive complexity which racial and ethnic diversity can introduce into such a study. In relation to this, the identification of particular themes in a manner which transcends racial boundaries represents unique information for the literature on the intergenerational transmission of trauma.

6.6 Recommendations for further research

The specific investigative agenda of this dissertation was to examine the impact of mothers' traumatic experience on their relationships with their children, considering the attachment relationship as a primary source of information. As far as trauma studies are concerned, this

represents an important development, beyond macro-social, socio-cultural and political spaces, and towards relational and intrapsychic spaces. The attachment relationship is afforded a primacy here, locating it as an intersubjective space within which trauma can be experienced and passed forward. Holding this in mind, the recommendations for further research which I am proposing emphasise attachment and the intergenerational transmission of trauma.

Three recommendations are considered here, which could extend the findings presented in this research.

Firstly, as was suggested in the section on the limitations of this study, given the location of this research within the context of South African scholarship, and considering the history of trauma associated with the violence of Apartheid, the absence of such testimonies, and the absence of Black South Africans in this study is important to note. With this in mind, Neeves (2008) reflects on the failure of trauma studies in general to attend to the experiences of people living the non-Western and post-colonial spaces. Research examining the intergenerational transmission of traumatic experience has particular relevance to the South African context. Further research which engages directly with the experiences of Apartheid survivors and their families is necessary.

Secondly, attachment oriented psychoanalytic research has revealed the intergenerational transmission of unresolved trauma and loss through disorganized/disoriented patterns of attachment between mother and infant (Main & Hesse, 1990; Lyons-Ruth & Block, 1996; Fearon, 2004). This dissertation has emphasised insecure/preoccupied attachment, demonstrating the role of avoidance as a primary defence, which has denial of painful affect as its central mechanism (Sandler, 2003). Given that this conclusion emerged as new information in the intergenerational transmission literature, it is suggested that further research which asks direct questions relating to insecure/preoccupied attachment is necessary.

The third and final recommendation for future research concerns the possibilities for psychotherapeutic treatment to mediate and positively influence the traumatised mother's experience of herself and her relationship with her children. The primary emphasis in this dissertation has been in the notion of internal dialogue between conflicting self states as an

indicator of health and integration (Bromberg, 1998). Bromberg (1994) described the “normal dissociative structure of the mind (Cited in Bromberg, 2001, p. 388). Through this he conceived of the mind as constituted by the coexistence of internally ambivalent, conflictual and unresolved self states. The healthy response to this, he suggests, is to engage with the conflict which this ambivalence evokes through the means of an internal dialogue between contrasting self states. This process, suggests Bromberg, creates a rich and meaningful internal subjective reality. Dissociation, in its pathological form, amounts to the fragmentation of a cohesive sense of selfhood which is brought about by the restriction or prohibition of dialogue. Throughout this dissertation I have emphasised Bromberg’s conception of dissociation, linking this with the response of the self to trauma. I have described in relation to this the rupturing and fragmentation of selfhood that traumatic experience instantiates. With this in mind, it is suggested that a psychotherapeutic process that moulds itself around the explicit agenda to restore ruptured internal dialogue is proposed here as well suited to the reconstitution of the shattered self. To the extent that this research has identified disrupted internal and relational dialogue as a process of dissociation which is linked with the intergenerational transmission of trauma, this knowledge can inform the way clinician’s can frame the goals of the therapeutic intervention. Such a psychotherapeutic agenda could enable the development of healthy templates for relationship and intersubjective engagement. Research which engages with the psychotherapeutic aim to restore the dialogical self could facilitate psychoanalysts’ and psychotherapists’ approach to working with trauma across generations.

This research process has served to analyse and describe the intricate relational processes underpinning the intergenerational transmission of trauma from female survivors of childhood interpersonal trauma, to their children. In the process of eliciting narratives of traumatic rupture existing in the life histories of mothers and their children, I have witnessed the narration of deeply painful, frightening and fragmenting experiences, as those experiences are lived by the survivors of trauma and their children. With this in mind, and as a final statement of the importance of this work, I emphasize the centrality of the participants’ stories, and of my witnessing of those stories of life, to the meaning that has been made during the course of this analysis. I emphasize the place of each mother’s unique identity, as that identity is shaped by her history of trauma. The “indelible traces” (Bernet, 2000) which traumatic rupture leaves on identity, in terms of a damaged self-

esteem, a fractured sense of the trustworthiness of self and other, and an unshifting perception of the world as a frightening and potentially violating place, remain within traumatized selves as ingrained qualities colouring their most intimate identity. And so it is that in a life beyond trauma a human being's narrative of identity, their story of their perception of self, is too much coloured with the sometimes literal, sometimes imagined, blood-stains of a painful past. The deep inscriptions of the traumatized self's historical narrative onto their lived identity forms a part of the identity of their child, as the child becomes coloured by the same brush. Considering this, there is a need for further explorations of the intergenerational transmission of trauma to explore and describe the intergenerational imprints of traumatic histories onto the identities of those who live in the hazy and unformulated shadow of traumatic pasts.

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LIST OF APPENDICES

a) Data Collected: Interviews with mothers

Appendix A 1: Sylvia's story: Interview 1

Appendix A 2: Rahel's story: Interview 4

b) Data Collected: Interviews with adult children

Appendix B 1: Jonathan's story: Interview 1

Appendix B 2: Sofie's story: Interview 1

c) Examples of analytic reflections

Appendix C 1: Rahel: Analytic reflections

Appendix C 2: Margaret: Analytic reflections

d) Example of reflexive writings

Appendix D 1: Initial reflections on Sylvia's story

e) Examples of creative writing

Appendix E 1: Margaret's poem

Appendix E 2: Toni's short story – Rites of Passage

f) Example of autobiographical data

Appendix F 1: Letter from sibling of survivor

Appendix F 2: Written correspondence from participant

Appendix F 3: Written correspondence from participant

g) Themes from Analysis of M and AC narrative

h) Invitation to participants

i) Participant contract

Appendix A

Data collected: Interviews with mothers

Appendix A 1

Sylvia's story: Interview 1

B – OK. Sylvia I think I would just like you to begin by telling me the story of your trauma. You're here because you describe yourself as someone who has lived through trauma, and I would like to know something about the history of that. So if you could talk to me, tell me that story

S – I didn't know too much about my life, but I remember a few things from when I was sent to the orphanage, and bits and pieces of what was told to me as I was growing up. I remember being potty trained and the orphanage. I remember being breast fed by this big fat dark lady; we called her Mimi, she was a black lady. And I was apparently mal-nutritioned and I was on emergency feed, or whatever it was. I had a happy life at the convent, at the orphanage. Then obviously my mother wanted to take us out to see if she could give us a family life, so at the age of 7 ... now I had been at the orphanage from the age of 6 months and I maybe saw her twice or three times but I always recall her being loud and raw and she always had that smell on her, which I now recognise as alcohol. And anyway the welfare decided to give us a chance and see if we could have a family life. So at the age of 7 years old she took us out. But I had just turned 8 that year, so I was not quite 7 when I left the orphanage to be with her. I know I only had one Christmas with her, and one birthday with her. And when I turned 9 I had made my first holy communion because I'm a Roman Catholic. And I had been baptised just before I left the orphanage to safeguard my soul or my person. It was a whole week after I'd made my first holy communion they give you these ribbons with the medallion and they give you the little red bow which also has the medallion of the family – the blessed mother, the father and the child. The Monday I came back from school everything was fine and it was October, and lovely weather... nowadays we don't get nice weather in October, but this October it was because I wore this very slim lined yellow dress and was barefoot and my mother said she'd like to take me, could I go with her to visit someone who lives somewhere across the railway line, in Parrow. Well, I knew as a child, because I've always had this sort of instinct about things around me. I knew when I was going to get into trouble, I knew when I could get out of trouble. I knew this day was really something very strong, because I took

my medallion, the white one that was on the white string, which stands for purity, and I put it around her neck. And I said it will protect her, and she wore it. And we were going to her friend, and we were crossing the line at Parrow and I happened to have cut my foot under the arch. I was trying to stop and I didn't want her to fuss, and the next minute I heard the train, it was coming so fast. At that hour of the day there was always an express train. When you're a little child you know the sounds, you know the shadows, you know the smells of the day, you know what time it is. You don't need a watch as a child. So this was an express train and I realise it could have been 5 o'clock. And as I turned around just to ask her if she could maybe just help me 'cause my foot was covered in blood, the next minute she was lying over the railway line and the train was just flying past and I, I didn't know what happened, and I was covered in blood. My legs were full of blood, my toes, my toes were covered in blood. I thought they would never ever come out again. And some lady saw more, I was just standing there screaming and screaming. As a 9 year old I wasn't a normal sized 9 year old. I was very tiny. I had been, because obviously the first couple of months of my life I was malnourished, and not well cared for, and, so your body doesn't mature as naturally as it should. So, anyway the lady took me to the station master they tried to clean my up and I kept saying to them, I kept making excuses for her, I I kept telling them that she was deaf. I didn't want them to know that she did that. Anyway her boyfriend, who is apparently my real father, he was in jail, because during that time, it was in 1962, the apartheid system was in, I didn't understand it, but I know that my father was in jail because he had taken in a coloured lady. But then her boyfriend came to fetch me from the station and we went back home and my mother was standing in the passage ... she was just standing there in the corner. And I just stared at her. And I couldn't talk to her. I couldn't cry. And, I had lost my speech, I couldn't talk. I just couldn't talk. But when I saw my other sister, the one who was always ill-treated by my mother, I actually spoke only to her. Told her what had happened. Showed her how my mother put herself over the railway lines. Then there were newspaper people and everything, and I couldn't talk to them. And my sister couldn't talk to them either, 'cause we were very loyal to her. She was a violent woman who beat us up and drank and got drunk, and we'd have to go down to the hotel and sing for her friends and sit on their laps and get fiddled with, and it was all natural that sort of behaviour. I understood that we would have to go back to the orphanage, and I was so happy. But my sisters were hysterical, they were so unhappy, so they ran away from the orphanage, and I stayed. We didn't get any therapy for what happened. We were told we were too young to understand. And I think

that's what really pulled me into reality. I realised that grown ups know nothing about children, nothing. They don't even know we have brains. They don't even know we can hear them speak or what they're doing. Anyway I left the orphanage the year I turned 13, and then I went on to a finishing convent. They were very very good to me. My life was the best in a convent. I still wish I'd never left the orphanage to see if I could have a family because wouldn't have been traumatised.

Then there was some shocking experience in the finishing convent because they had a lot of serene ladies. We weren't allowed to call them old. These ladies were ladies that had been put in mental institutions and had been violated. Some of them had had shocked treatment. And I realised for the first time in my life, jeez what happened to me is nothing compared to these ladies.

...

But I always saw the blood. And when I started menstruating at 16 it really scared me. I thought oh my God. But then they explained "No that's normal, it's a woman thing" (used a fairly harsh tone here), and uh, nobody tells you anything when you're a child in the 60s. Then I left the convent and I had my first taste of alcohol, and then I had my first taste of violence and rape. Aarhhhh And then I realised that that was worse than what I'd seen as a 9 year old. You couldn't speak to people about it. Especially if you had a bit of alcohol or something, or if you wore a mini-skirt; it was your own fault. There was never any like, this is you, you're allowed to be you, you can feel and be who you are. When I met my husband after the whole episode, I'd already lost my virginity to rape and I had to tell him. In the 70s men didn't understand what rape was. But he did. And I used to lie a lot. I used to tell them, "Oh yes I do have parents, they live in Johannesburg." And I lied I didn't ever want people to know I didn't have parents. Then I went and fell pregnant with my daughter, and then his mother said to me "How can you go and fall pregnant if you don't even have parents? How can you just go and fall pregnant you don't even have a mother or father?" (becoming tearful and agitated here). And then they tried to force me to give my baby up for adoption and I turned to welfare to ask them to help me, to stop them from taking my baby away. And they stepped in and stopped the process, and I was allowed to have my first child. But I'd never ever had a family in my life before. I didn't even know what to do with a small baby. I didn't know anything. I didn't even know I was going to fall pregnant. And then constantly I had the clinic sisters come and see me to help me with my little girl, because I wasn't

copied, I would just breast feed her breast feed her breast feed her every time she cried I'd just breast feed her. Then they came and explained everything. The one lady she explained about family life. But I was always angry with my little girl. I was screaming at her to stop crying and ... you know it's the guilt ... you don't want to hurt the baby but you're screaming at the baby or you're ignoring the baby and, I think I just traumatised myself by not being able to cope with that little girl when she started growing and becoming quieter, and started to accept her little life around her. And then I had a son, and it became worse. I'd never ever seen a baby boy. Let alone just my husband. I'd never seen a baby boy other than the ones I used to race with on the potties. And it was horrific. I didn't know how to clean his things. So I had to go all over again, and be taught all over again, and then it was just shortly after that, I'm quite a sportsperson, I played badminton. I played forDaal, a very good player. So there again I'd had something to drink. There again I was

My office phone range

So along came my little boy, and now I had two children, and I had a husband. Knew nothing about men. Wasn't sure they knew anything about women, but I accepted that he had been brought up in a family and he should have guided me, but he, it was the destructive nature of his mother towards me, her aggressiveness, her meanness, her... I thought mothers were like nuns... you know kind and, good at believing you before they doubted you, so she traumatised me terribly. She didn't like my little boy. She's a woman that prefers girls, because girls always come home. Strange Afrikaans lady. And also because I couldn't speak Afrikaans.....

Being a wife was the hardest thing in my life. Because I'd never had a father, I'd never had a brother. I'd never had the contact of hugs and kisses, and "I love yous, and "I like yous" and I didn't have that kind ... I had a lot of kindness around me. But I'm not sure if kindness and love are the same thing. Then I fell pregnant with my daughter. And we lived in Durban my husband and I. And I wanted to have sex with him, but I was pregnant, and, before I'd fallen pregnant with my daughter my husband wanted to join a monastery in Durban, a Hindu or Buddhist monastery or something. But his Guru said he can't because he's a family man. He hadn't even met me and he knew his girlfriend is pregnant, that's terrible. But um, he told my husband to come back to me. Then when I was pregnant and I wanted to have sex with him he turned around and said "sex is only for having babies". And I think that's when everything started crumbling around me because I realised I thought I was dirty, I did something wrong. Why did I have sex? We were just doing it

and I fell pregnant, and now I'm pregnant and we can't do it. So he'd already put this huge wall up where his God, his religion, was so important, and I thought well, where do I fit in this world. What am I? Some freak, who killed her mother. That's what they used to say at the convent. They made up a song... about me, and it went like this:

Sylvie on the railway picking up stones

Along came an engine and crashed her mother's bones

Oh said Sylvie that's not fair

Oh said the engine driver, I don't care.

That man, he killed himself Bruce. The driver of the train, he couldn't bear what he did. He actually killed himself. (becoming tearful).... And then I um, I didn't know what to do about that sex thing, and then, me still having children, so we were all in a group together with his religious guru, and they were talking about mother and children. And I said, why is it so important? If you've got to live with a man, and you can't have sex with him, and you're going to have a baby that screams and cries, you got to clean its dirty nappy wipe the fetus¹⁴, clean the puke off you (angry tone). Why can't we have pleasure. Why must it only be that? Cooking for him, cleaning for him, like a slave. Where's the pleasures. So I started learning. Started getting books on families and how to feed them, and he's a vegetarian, and I didn't know what's a vegetarian (whispering), and I thought oh God, I have to read up on that. Most of my life I've just been reading and trying to work out how I can make it right with the children. I'd wake up in the morning and I'd be completely out of control. Never focused. Just angry, from the moment I wake up, even though at night I lay their breakfast out and cut it, so that I wouldn't have to put them through that trauma. But without fail I'd still wake up and I think it's the guilt of screaming at then ... and I never forget, I said to my son, "why are you crying like that", and he had to get to school, he had half an hour to leave, and he said to me "mommy because I can see your tonsils when you're screaming at me", and it shook the living daylights out of me, that I was traumatising my children the way she traumatised me for that one year ... Arh, I'm talking too loud, I'm sorry (said in a whisper).

Anyway um, I thought if I have a third child that it might bring something because I believe in that three persons in one God, and I thought if I could have another child then it would make things better; different. And I did. I had another son. I have another son, and I decided that this time he

¹⁴ Presumably Sylvia meant "faeces"

was going to be responsible for that little boy. But I, when he was four months my sister got married, and I went up there. And um, met some of their friends and, they seemed very nice, but they were big drinkers. You know, they drank a lot. Well my sister and her husband went home, and they were going to take me home, and I don't know what happened. Suddenly there was a fight, and this friend of theirs, he tried to first grab my baby from me, and passed the baby to his sister or someone. And he just dragged me into the bedroom and I started fighting him back. And he beat me up to a pulp, and then he raped me, and he tried to drink the milk out of my breasts. ... (tearful, anguished). And I just, I just called to the blessed mother to please come and help me. ... (taking deep breaths). And I opened my eyes, and there was a mirror, and I saw myself. And I saw this white light. It was framing around my head to my shoulders. And then his sister came in and brought my baby to me, and I put him back on my breast. And I tried to lay a charge, um, but it was because it was someone we knew, I couldn't go through with it. I just withdrew ... from the charges. My husband wanted to divorce me, and he was saying "did he do it like this? Did he do it like this? Did he do it like this?"

I never lived in the past. Never. I let it go, I would just let it go. I would just try to concentrate on trying not to shout at my children. Just try and be a good mother. What is a good mother how is a good mother? His mother was horrible. She's not a good mother. She's not the one I want to follow. What is a good mother? (becoming desperate and anguished). And I realised, a good mother is a mother who can say I'm sorry to her children. That's what I believe.

In 2004 it was South Africa and Ireland ... uhuh I told you I'm a great sports fan, and I truly am. And I wanted to stay home that day and watch the game on my own where I can scream and do my own thing, and my sister insisted, and ... I'm such a weak person Bruce and I can't always say no. I've made my decision, I'm saying no. I couldn't do that, I've been so complacent, so conditioned. I was not allowed to really express my feelings. All my feelings had to be so that the other person is not in pain, so that the other person is not going through humiliation, so that the other person is treated with kindness the so called love thy neighbour as thyself has made me so angry. (becoming louder). I became very angry towards God. I dedicated my whole childhood to Him. But his mother did come through that day. I know it was her.

2004 it was South Africa and Ireland, I went to my sister's place. And at that time I had started drinking and doing drugs quite a bit to maybe get rid of that terrible thing that had happened to me

in East London, and the way my husband had treated me. And we were drinking and it was the second half and South Africa was winning and they were beating Ireland. My sister is gay, so obviously the person, he must have thought that I was also gay. And the door was open, it was a hot day, it was October again. September October. And I heard this voice behind me and were going over some tapes before the game came on. I just turned around and I said yes, and this fist came out of nowhere and he punched me smack bang into my mouth. I don't know who this person was. My hair was a lot longer. ... and I tried to run away, tried to run towards my sister's bedroom. They always use my hair as a weapon. I don't know why they do that. But I'm not going to be a man just because they don't like long hair or they use it as a weapon. I'm not going to cut my hair. He grabbed me by my hair, pulled me right up against his body, and he stuck his hand down the front of my pants and... tearful and anguished. He put his fingers inside of me. I got away as quickly as I could. But he kept coming back. And then there was another man. My sister's girlfriend had run out the house, my sister had gone to sleep 'cause she was drunk. And I was left alone, and I eventually was under the table like an animal hiding away from this man. And he was kicking trying to get at me. He really wanted to hurt me. Eventually after me screaming and screaming my sister comes out her bedroom, sees these two men, takes a bottle and whacks the wrong man over the head. The police were there, I laid a charge, but she dropped the charges so that she go to jail. It doesn't matter that I was sexually assaulted. Her attitude was just like this: Ag Sylvia just get over it. I was so shocked. I never went back there again. I never go back to places where I've been hurt.

Appendix A 2

Rahel's story: Interview 4

Rahel began the interview by telling me of her experience of reading Herman's Trauma and Recovery, following a recommendation by her therapist

R – The first reading, look Eugene (therapist) said read it slowly. It's his book. So he, um, but I read it in two days. I mean once I read the first line that was it you know. and I *read*. So um, and what was devastating was how much of me was there, as part of the traumatic experience, and the symptoms that I show. There was such a lot of it. And that was really devastating to me. Um, and but then again the whole recovery part was more positive, and I thought I can get through this, you know. And of course, you know, more and more as the weeks go by, part of me thinks okay

maybe this didn't happen, you know I'm okay. I've been okay for 48 years kind of thing. But then the book just emphasised that it actually did happen, you know. Because I show all these symptoms.

B – What are these symptoms?

R – There's just so many. I didn't bring my file. I mean the first reading I, um, I can't remember. Um, how compassionate I am towards people. I'm over-compassionate. I'm almost over helpful. I help everybody, I help um ... and I am sensitive, and sometimes I and I and I and the whole secrecy thing, which was obviously started by your mother. You couldn't breathe a word out of the house kind of thing, and just continued you know. That secrecy part as well. The captivity thing. um so the whole captivity thing, I mean every chapter that I read, was very much me. You know.

B – Let's go through it slowly. Tell me about captivity.

R – I mean I just felt very trapped, I felt very trapped in my room, I felt very trapped with my feelings, like I could never express myself. That kind of thing, you know, um, and it didn't only stop there, I felt that very much in my marriage as well. Um, it's only now that things are getting better. I've always felt that I just, I always just ... coped by just doing what I had to do. For example I had my mother-in-law last night, and the first thing I thought oh my God I have to get up and see to her, and then the whole thing of breakfast. My husband eventually sees to himself after very many years, and I felt his mother's here, I have to get up and make breakfast for him. You know, otherwise she gets very upset. And that kind of thing makes me feel trapped you know, and that's a small thing. you know. but um, ja, ja... I can't elaborate further than that.

B – The book goes on about an experience called dissociation

R – Ja. Well Eugene says I do it all the time, so it does happen.

B – How do you understand it?

R – I don't know quite if I do understand it. I just know that I can sort of get myself into another state. Um, with this remembering thing. I mean the one day in therapy he asked me if I was still there, you know. Um, and I realise I probably do it all the time. I think I do it all the time, in order to cope. Um, and I can sit there and tell Eugene something about whatever, an experience, and I can go back to what it feels like, you know, I can do that. And feel what I felt there, depending on the experience, and then on different levels as well. You know maybe not that kind of depth. I

mean often I will be part of a conversation but not really part of it. You know that I do a lot of. Um ...

B – So when you say ‘not really part of a conversation’ ...

R – I will just go off. In my mind. Ja.

B – How do you think people experience you in that space? Do you still engage, or are you just kind of, would people know?

R – Both, I can do both. It just depends on the circumstances. But I know I can do both.

B – One thing that really interests me that I want to come to understand → we talk about dissociation – the idea that there is some kind of emotion, some kind of feeling that feels less than bearable, almost unendurable, and so we kind of keep it in the dark recesses. And one of these that you have spoken of is the idea of anger. Almost rage. I want you to think about your anger, about where it is in your own space, in your mind, and where it filters through. To what extent is your anger dissociated?

R – UM, um, ... I just know that when I feel angry it’s overwhelming. It does, it overwhelms me sometimes. But it doesn’t come out. Okay I do feel, and I do feel it quite overwhelmingly, but I can’t express it. And like I said there are times when it all just comes out and it comes out quite violently. I must say I don’t see it as dissociative. Um, and the way I deal with it most times is that I would withdraw, you know. Maybe it’s because I’m scared of myself I don’t know. Um, maybe, ja.

B – What might you do?

R – I don’t know. I don’t know what I might do. Eugene asked me if I’ve ever tried to hurt myself. I didn’t remember at the time, but then after I remembered, I used to bang my head against the wall. Last week after reading that book I felt like that. A mixture of rage and frustration, and actually if I could have done that I would have done it, I was just so upset.

B – At what age were you when you would bang your head?

R – I don’t know, I can’t remember I don’t know if that answers your question ...

B -

I’d like to move onto your compassion ... your extreme compassion. In yourself, how do you experience yourself when you are in this very compassionate, very attentive space? What’s going on inside you?

R – I just feel sorry for whoever it is. I feel sorry for people. I engage.

B – I'm interested to learn of your sense of your daughters' compassion.

R – All of them☺ ... um, ... I think they're all very compassionate. I don't think overly so. I think they can um, they can manage more than what I do. They have more self ..., they do, they won't go, I mean I will go completely out of my way, but if they can't do it they can't do it you know. um, Sofie will give in more. She tends to give in more. Like I said she's sort of quietly rebellious. They're deeply compassionate, but they still preserve themselves; they won't go out of their way.

B – So you preserve yourself less through being too compassionate?

R – haha, well apparently so, just comments that people make. I think now through this whole process I'm realising. Like Friday. Friday my husband's mother, she's also been ill for about 3 weeks, so I've been up and down to doctors. I'm the eldest daughter-in-law so you have to do everything, besides the domestic stuff, that's just how it is. Friday morning 6am they phoned to say she's collapsed. So I had to sit at hospital with her all day long. So after 3 we're fasting and I had to get home and cook. Um, and I was exhausted, but I would come home and cook. That is what I would do, irrespective of how I'm feeling. And for the first time ever Asief said no you're not cooking and he went off and bought something. And he's never ever done that before, so in a sense I am like that but everybody also allows me to be like that. It's also partly circumstances. There are times when I would like support and I would ask for support and I didn't get it. Things have to be done ... do it. So the cycle just continues. So that angle as well. Ja. I just keep going.

B – It sounds quite amazing.

R – Well I don't think it's amazing considering ... (mumbles). It shouldn't be, if I really think about it. It really shouldn't be. I shouldn't be doing this to myself. I really should be more assertive. Um, ... huh ...

B – Your daughters are very loyal. When I say that I mean that they are more bent towards acknowledging the positives than the negatives. How do you understand that?

R – hahahaha. Um, I think I am very positive always with them. Everybody needs encouragement, even cousins and that, the family want their kids to be encouraged they send them to me. I think we, despite everything I think I am always very positive. And I see it in my children, especially in Zahraa (youngest). I mean Zahraa's report was full of that. Amazing results, I should have brought it for you to see. The comments, how positive she is in the class.

You know, besides everything else. Articulate. But she is, she always has been since very little. So already that part of it. We do get on very well as a family, you know. So from that generally, we'll have a lot of fun all of us. We can put on music and we can sing. There's just such, there's a, ... I have a lovely home, despite me, you know. Um, I think, and people do come in, and people love coming in. In fact that's what's not um, ... different for me from the book./ disengaged from the community it says. And I haven't. I've always been part of everyone. Everyone comes to my house, they'll come in and make a cup of tea on their own kind of thing. I like it. I really do enjoy it.

But loyalty, I don't know I must say I, afterwards with them coming here I thought oh gosh I'm going to be quite exposed you know. Um, and I don't like that, on the one level I don't. I have to be very honest, I'm a bit anxious about that. Ummmm, is it a problem that they're loyal?

B – Not in the slightest

R – I think I would expect them to be loyal because we ... we get on well, and I think I do I go out of my way to be as good a mother as possible.

B – In terms of meeting with your kids I was interested by a couple of contrasts in your stories. The one is the comment "mommy you're very scary". And in them it feels like it's a joke. It feels like they're not being serious. My sense was that they didn't know how it affected you. I just want to go back to that.

R – Um, well I don't like it! You know? Um, I don't like it, because I was very scared of my mother, but I know when I have my outbursts they find that very scary. When I go off. Although that hasn't happened for a while now, when I consciously decided to leave the house. Um, um, as time goes by kind of thing they um ... ja, I think as they've expressed that they find these episodes scary I try to explain, I told them that I don't like you know to be scary, kind of thing, and then we talk through it. We've been just talking through it you know. Um, and then they end up teasing me about it. that's inevitably what happens. We talk about what happened to make me react in a way that's scary to them. You know. So that's what's happening more and more. Previously we wouldn't talk about it. But now we do talk about it, in fact by now I mean the last, what, maybe this year. You know? Previously they'd actually say or ... um, just give me space. 'Cause I just, I recover very quickly, very very quickly. So um, that's what they would do. In fact, everything is, I don't know if you picked up ... but the way Zahraa found it very intrusive hey. She doesn't like talking about ... did you pick that up? ... her own, she said she felt like saying to you "isn't this

supposed to be about my mother and not about me?” Even with us, she doesn’t like us to ask her too many questions.

B – No, she was very guarded.

R – And yet that’s not her hey, she’s quite humorous. Um, anyway, um, what was I saying? Oh yes, Zahraa, she gets angry. Asief’s (husband) got this coffee table in the family room, and I was reading. And Zahraa has obviously put her feet up on the coffee table while watching television and he got really upset with her. I don’t know he said something to her, I don’t know what. And she storms out the room and bangs all the doors ☺ ☺ I don’t bang doors. That’s the same thing, she’ll go to her room and really within 10 minutes she’s out. So I thought okay that’s interesting. So I’m looking at them as well, more now, you know having been through this whole process. And Rahma said, she came yesterday and said you know I realise mommy that I deal with, the way I deal with things is a lot like you. And yet I perceive her as being more like Asief, you know?

B – What does she mean when she says that?

R – I don’t know I didn’t ask. I did ask, but she said she couldn’t remember. I think with conflict, and she said her sensitivity, as well. ‘Cause she said she’s very sensitive, and I’m sensitive as well.

B – And sensitive means?

R – Ja I don’t know what she’s sensitive it’s just um, maybe you hurt easily. Maybe that kind of thing. ‘Cause she does. Even when I told her this whole thing, she’s the one, she wants to protect, you know?

B – I sensed that in your daughters. There’s kind of a protectiveness in them, which confused me insofar as they still don’t know what went on. They’ve got vague ideas. And I also I found especially with Zahraa there’s this feeling of, “I don’t know, but really, it can stay there, away from me”. And everything that goes with it can stay there.

R – With Zahraa. Yes that is Zahraa. I’m having difficulty with that. I spoke to Eugene but he also just sort of, avoid answering, you know? So I said I really need you to help me here, ‘cause I just don’t know, you know. And he laughed. And then he said eventually he said you know if they ask just give them enough information. I think if they ask I’ll maybe give them a little bit more you know. Because I don’t know how they’re going to react, and how useful is it to them? And it’s ugly, it’s really horrible stuff.

B – Is there more that’s coming up?

R – More. There's been a few more things.

B – So since your therapy process has begun, and to an extent since this process has begun there's been an upsurge of little memories

R – Yes, a little bit. Ja.

B – How do you experience that?

R – haha, um, haha, I retreat. (Mumbles) I think um, the one thing is, being alone in my room. I think um, I sort of go into myself and almost experience that alone you know, the feeling that I felt then. I retreat into that. Um, and then the other memories ... there weren't too many. Because I was so badly hypothyroid I used to faint, and my mother used to kick me up. (Mumbles) ... I sort of half went, I didn't want to go there fully, I couldn't go there. That was quite a difficult memory. Um, there was the banging of my head story. You know, I can talk about it, academically almost, and then I can also go into the memory. I think though how normal is this, and is it okay to be able to do something like that (going into the memory, almost reliving it). ... What were you asking about?

B – Well we were talking about the memories and how there's been this emergence of ...

R- - mmmh. It's actually quite scary. ... ja ...

B – explained at this point that I'm finished for the time being, now entering a period of analytic reflection and then going to call again for further conversation. I invited a period for Rahel to bring up anything she feels necessary

She said I still need to see Sofie, she didn't know what to expect of this. Describes her as intense, sensitive, socially reclusive, has a couple of friends, like her mom can do things on her own, cherishes her solitude, remind Rahel a lot of herself. Reads a lot. Artistic, musical. "She's not very communicative, she's very much a doer. She's studying architecture. She's the child who will fix things in the house, change light bulbs etc. works out new appliances. Very practically minded. 20 years old. "Very free, you know". likes nature, feels spiritually affected sitting amongst trees and things. "She will wait for the other two to get out of the way and come into my room, get under the blankets with me, and talk. All kinds of things. You know? not often. She's always been the child who's been, always since small, very affectionate. Whereas Rahma is not, Rahma I have to initiate. She will say "I'm too big". She say i['m 23 mommy I don't need a hug. I will, not overly, but I will connect with her but I don't invade her space. Zahraa's also very affectionate. Zahraa and Sofie tend to hang on me a lot. If she has an all nighter then she's very

very moody, and she'll come if she needs a power hug kind of thing you know. and it's non-verbal. The verbal things are sporadic, but they're there. They're usually in a warm, close kind of environment. She tends to look for warmth more so than the other two. You getting a sense of her? very soft, very gentle.

Sofie will always tune in, to Asief, and to my needs. Asief says that because there's such a lot of confrontation with Rahma, Sofie would always watch what's going on. But she's never been, even as a child. She was the child who slept for 4 hours at a time, routine. She would smile. She would smile at everybody, go to everybody and you know, she's always been very gentle, compliant, complacent, reminds me a lot of myself. But with me there are different circumstances you know. And since a baby. And I had her in London, where I was happier. Where we had no in-laws and nobody interfered and we could just do and be who we were, you know. and I was far more relaxed as well, you know.

B – Her affectionate nature, how do you understand it?

R – She's very affectionate. I don't know why, I don't know if it's because she's so in tune with me, she feels that I need it, I don't know. She was all over me kind of thing, even when she was little. Zahraa was very different, but then the circumstances were different.

B – How does Sofie respond to your sadness, when it shows?

R – Um, I'm trying to think of something that happened. Um, she's just around, she'll just be around. You know, she'll help. She will just non-verbally just be around. Apparently, once when I walked out of the house, Sofie, the other two, you see the other two had retreated. Sofie stayed in the kitchen. And um, Sofie just said you know, what shall we do, she was very worried. So she decided that they would at least clean the kitchen for me. She will do that kind of non-verbal kind of thing. You know? Um, ja, and she's the one that I, I don't neglect, but say for example I always have to tell her this, if she asks me for this or that and ... because the other two will nag and say mommy did you get this did you get that, especially when they were smaller, and Sofie would just not worry, she would say she's not going to bother me, kind of thing. Now though she just does everything. She just gets on with her life. She's actually amazing that way. Nobody gets involved. No matter how difficult it is, I mean architecture!!! I'm telling you you know. She just gets on with it. She just comes for the hugs you know. And she does okay. She's not Zahraa, Zahraa gets 90% for everything, and she gets every body involved and everybody gets stressed out, whereas Sofie, she'll be moody and she'll sit in the dining room, but it's her moodiness. And I'll

just provide a cup of tea maybe whatever, and ask her if she needs anything, and she'll say mommy I'm fine whatever, go to bed. You know, she deals with it.

I asked Rahel at this point about something that came to my mind which interested me → the parallel between her husband's treatment of her as adult and her mother's treatment of her as child.

I asked her how they respond to this

R – They are very sympathetic. In fact very angry with him. All three of them get extremely upset, and they blame Asief. So he's in an extremely difficult position. Rahma and Zahraa especially. They do they get very angry, and they get, they try and protect me. Rahma especially has seen ... I had no help when they were small, taking them to school and cooking and cleaning and seeing to my in-laws and doing whatever you know. And it was tough, and she in a sense has seen it. And as the other two have grown up they've also sort of seen how people, and people do take advantage, and especially my in-laws, the take advantage of me, because I also just give in, you know I just do it, you know. I've had to just deal with things, without support, and that's it, you know. How I was feeling didn't matter. Um, and that, again, you know, mostly it's much better now. But I sort of had the same situation when I was younger doing everything at home, I was doing everything here too. You know? And also even the whole isolated thing. He used to do that a lot. If he's upset with me he will ignore me or ... and that makes me feel terrible, because I feel very alone. With all my children I do try and talk through things, even if not immediately. Whatever has happened, whatever confrontation, I do try and talk to them, whether individually or collectively. So in my own relationship with Asief that doesn't always happen. And people always say oh it's the male thing, everybody's husbands do it.

Appendix B

Data Collected: Interviews with adult children

Appendix B 1

Jonathan's story: Interview 1

J – I've been thinking, because it's something I've never thought about, like my mom does that or this, it's not something I've thought about. But if I think about the way my older sister is, me, and my younger sister um, then I can start to see that over the years, maybe I got it a little easier than my older sister. She's 28, I'm 24.

B – Certainly that's something your mother described to me, that things became less complicated in relation to her children as time went by. Um, and she has found her experience with her younger sister less complicating.

J – Yeah. Also maybe it was the level of help. By then my older sister Kate was 10. You've got that kind of help you know.

B – In terms of your experience of your mum as a person, a person in relation to you

J – Um, she's fantastic. I cannot complain about um, apart from one or two things which we'll go into. But overall I'm very close to my mom, I cannot be closer. We are best friends, and ... um, the relationship's very healthy. I think it's very open and honest, again more with me than with either of the other two. So maybe that strengthens the relationship. In the beginning I never knew what the thing was. I never knew that there were issues. I didn't know about a lot of things, for many years. For 15 years, I didn't notice. Um, but then you would hear comments like my dad would say "you just don't know". And then um, we had a strange couple of years when I think everything blew over. I don't know if my mom spoke about Durban. Then it was bad ... really bad. Um, never, never like she wasn't functioning. It was bad in the sense that she would get angry a lot, um, she would get flustered didn't help, um, you kind of felt a bit alone there.

Couldn't hear about 20 seconds, then I came in ...

B – Certainly it sounds as if she is very content and satisfied with her children as people. I'm not sure what she thinks her role in that has been; whether she acknowledges her role.

J – She won't. She will never take ... she can't take a compliment, um, and I think she knows, but maybe it's just a little bit. I think she knew the part of the picture, but I don't think she realises how big a part. Um, ja, I think that's ...

B – You speak of becoming aware of her history at about 15 16. What was that like for you? Coming to know things that maybe you weren't aware of before.

J – Um, it was weird because at times it was almost as if she was an entirely different person. And that's unusual for a 15 year old, when you become accustomed to certain ways and then all of a sudden for a couple of weeks she's different. And not just a bad mood. It's different to that. And uh, and it was it was weird in the sense that um, I would look to my dad for answers, and he would answer "there are things that you don't know". So you would know something's up, but you would never quite know what it was. I never really dug deeper than that. You don't worry about it. It was "okay" (said in a cheerful, nonchalant tone). So it was, you start to pick up on those little things. Whether or not they were there before and I didn't notice I don't know. I saw that it was difficult.

B – And it was only around that time that you started to experience her in these phases of kind of being a different person? What kind of a person is that?

J – I mean, the word depressed is overly used, but possibly a depressed kind of attitude. Um, miserable, everything's a mission, sickly, headaches, you know. Aggravated a lot. Short-tempered ... Generally under the weather, everything's just too much. So you would have to then back off, let her be, and in her own time ...

B – She will come back

J – Yeah. As long as you wait. And then, um, it got really bad in Durban. We were on holiday at the house in Durban. It was a series of those kinds of events, and she wasn't shaking it off. But she was fine and I we were we were having a general family day, good day. And we were, were having a general family day, on holiday so it was nothing stressful. Just a holiday. And ... my mom lost the plot. There's no other way of putting it. It was just, it was crazy. Um, I have no idea what the cause was; I can't remember. It was probably a lot of, I like to tease, and so does my dad. It was a lot of that. And maybe it was worse because it wasn't our home environment. Basically my mother would not stop shouting and stop crying. And I walked away from her and I turned around and it was just so much for me, and I just said "I want my mother back". She told me years later that that was actually a big turning point. Uh, the idea that her son wants his mother back. Obviously she realised she had become different. I didn't know it was a big thing at the time. Um, but then when she told me years later I realised ja, I can see how that could have woken you up a bit. I never knew I really did not know until Durban, that it was that bad. But even then I only found out it was really bad a year or two later, when she finally told me. Um, and as I say we had an open relationship, um, where she did tell me stuff. I always knew she had difficulties, at boarding school, and brother and father and issues with the parents, I knew all those things. Um, and I know things about the brother that the other two do not know. I've heard more than them. I still don't think I know all of it. I think even my dad doesn't know all of it. He'll come to me some times and say, I don't know what I'm supposed to do. Um, and I say, you've just gotta wait. You just say I don't understand because I'm not in that situation and you try and be supportive. That was during the bad times. It's far better now. The psychologist helped my mom a lot.

.....

B – Something which felt important in your mom's story was her experience of feeling rejected, feeling spurned, feeling pushed away from the three of you. And finding that very hurtful.

J – I was never aware of that 'til she brought it up. We don't help, we don't do this, we don't acknowledge, we don't say thank you. Of course we do. We did. It was just a matter of, she didn't take it in, or something. Or, it wasn't enough, but I mean, you must just ask for help. She could never do that. She could never ask, and it was our fault that we didn't offer. That was a huge fighting point. We just didn't appreciate her apparently, which maybe for her was real. It

was rubbish, completely far from the truth. But again, that's according to us. We didn't know that she needed more than we gave. We have such different parents. With my mom it very physically expressive, with my dad not at all. So it's just different dynamics. Dad needs less, mom wants clearly more. But we never tried to make her feel alienated. It was just how it ended up, for her. It was difficult for us. She was upset. And you would see, she'd get really down. And you'd never know why, and you'd hug her and she'd cry and you just didn't understand. I still don't even know 100% of what causes it.

B – And that feeling of not knowing, what was that like for you?

J – For me probably difficult because I love to fix things, and I'd love to be able to say here mom do this and it's fixed. It's far more complicated than that. Um, I've learnt to accept it. It doesn't worry me at all anymore actually. Even a little bit. Because I just feel that we all know now, and now that we know it's kind of less than an issue. So that when my mom does go down we know, okay she's down, and if you want a hug here's a hug for you. But there's no more of that secrecy. The secrecy was worse than her being down. Because if she's now, let her be down, it's all part of it. But not knowing why she's down is worse than her being down.

B – She described it to me as kind of wearing a mask sometimes, so it wouldn't be seen. Were you aware of that?

J – *Shakes his head.*

Never.

B – Okay

J – Until Durban, when I realised there's two sides here. You know there's the very emotional side of mom that was hidden, was hidden for years. That I've never seen before. And then there's the mother who every one loves. All my friends love my mom. So there's that one, is that the mask, well, that's who she is to us so ...

B – I guess my sense was that is who she is, but there are times when she can't give any more, but she does, and that's when the mask kicks in, as she sacrifices herself for the sake of giving to the other.

J – I do the same thing. We're very similar.

B – Tell me about that...

J - Well it does get difficult sometimes when you've got to just carry on, to the point where you're hurting yourself. My mom says quite often, 'you remind me of me', and I'm not sure if that's a compliment or a warning, I'm not sure yet. But I'm taking it as a compliment. It's the fact that you always want to help everyone. And you will spread yourself so thin, that you're just not functioning. My mom does it, where she's helping everyone and she's just all over the place. And you lose yourself in that process.

B – And it feels like that's happened to you?

J – I think I'm more under control where I can say okay, now I'm too thin, ... STOP. My mom lacks that control. She hasn't got that. She has no boundary. I have the sensibility of my dad, with the helpfulness of my mom. Um, where my mom just wants to help wants to help wants to help, and doesn't stop. And even if it's at a point where she can't do it, mentally or physically, and she'll say okay I'll do it (mimicked cheerful tones), and it's at that point that it would kick in for me to say no. I don't know why she does that though. Maybe she never got that help. She was put in boarding school, maybe she just feels that she needs to help. She was left there at so young. Just abandoned. I've never had to cope with that. I couldn't even think about it. My younger sister could do it; she's strongest and most independent of the three of us. My older sister's the worst and I'm the most balanced. Megan's (younger sister) very strong, very independent. Doesn't need anyone. I'm very independent but I do need somebody, while Kate is 100% dependent. She still lives with my parents. It'll be very different when you meet Kate. She's very emotional. She's oblivious to the issues that are there. There was actually a time when my dad didn't know what to do and almost left my mom. Kate didn't know about that. Kate has no idea. She is completely oblivious. As is Megan. She's so independent that she doesn't actually need the

confirmation of the parents. But she's had my mom at her best. The spent the most time together. It's actually my dad and Megan who clash the most.

What are your best memories of her? Your younger memories...

J – Do I have younger memories? I don't have very clear memories when I was a kid. There was a complication with an operation. I have very few memories. The one memory I have is my mom got me this book called Frisky; Frisky the dog. And every single night she'd read that book to me; the same book. I don't think we got past three pages. I'd fall asleep. It was that memory; we used to lie in the bed and she used to read to me every single night. One very good memory. Another memory of me is sitting on the floor playing with measuring cups. I would always be very happy in that environment. We didn't get many toys as kids, and I remember when I had an operation, every time I'd wake up there'd always be a little toy on my chest. And my mom sitting right there. She would never leave me. I still talk about it today. I've still got every single toy I've ever received. Out of the three children I've kept everything, because that to me ... I knew my mom was there.

Another memory I have, is when I was sick, as a child, they didn't really know what was wrong, and the doctors accused my mom of neglecting me. I was watching my mom be so protective of me. I never once thought of neglect, and it was terrible to watch my mom being attacked on the basis of her parenting skills. She was by far the most unbelievable mom. I might be a little biased. Even if I compare her to my friends' families.

B – And what about your painful memories?

J –The one in Durban was terrible; but any others ... I mean there are memories that were upsetting but they're not even close to the level of that first one (Durban), and that was probably because I was in a bad mood.

B – I want to go to your mom's expression of love for you as children and for you as her son. How does she express her love to you?

J – Verbally, physically. The little things are so special. Um, when you're sick especially ... nothing's too much. If you are sick, and you want 25 cups of tea within 5 minutes they will all be there. All three of us, we will never go to bed without saying good night to either one of my parents. We'll go to my parents and kiss them both good night. It's kind of a joke because we kiss my dad last, and he says you always kiss me last. It's a bit of a family joke. And more than that, if I go out partying and my mom leaves her light on. She's fast asleep, and she wakes up when the light's off and she knows I'm home. There's that level of protection and care.

B – She described herself as fiercely protective.

J – Ja, that's probably accurate. But not over-protective. We're allowed to do what we want to do. There's no control in that way. It's not that at all. It's just that she loves to know that we're fine and okay, and that we're there. That's why she struggling at the moment with my sister having gone to Brazil. I said to her before she left 'mom's going to struggling the most. You'll be fine, we'll be fine, but mom's going to struggle the most. Are you willing to put mom through this? And she said I think it'll be good for mom. It'll be a bit of a challenge, but it'll be good. I think my sister's mature enough to handle it, and I don't think my mom sees that yet. I think she struggles to see that we've actually grown up. She likes to think of us as needing her.

B – And what do you do with that, when you become aware of that dynamic?

J – Have fun with it. I am an absolute joker and a teaser, and I laugh at things. And the one person I love ... *love* taking the mickey out of it's my mom. And my mom appreciates it ... she loves it, until she's having one of her bad days. Then it's an absolute 'don't even go there' because it's going to be an absolute mission, it'll take a week of fixing it, and all you were trying to do was have a bit of fun. You really weren't trying to be hurtful.

B – But when she's feeling vulnerable she can't really see that.

J – Ja, but it's affectionate. The fact that I know the little things about you that only you will know, show's that I'm paying attention. It's attentive. I'm taking a little thing that only we know

as a family, and making it something funny. On our Christmas holiday's we drive up to Sedgefield every year. We all get in the combi. Grandparents come with. It's a bit more of a struggle now because it's difficult to get the whole family on a break at the same time. But we manage. The journeys are unbelievable. The little picnics in the car. The laughter. The car breaking down. It's fantastic. And we are a very close family. A very close family. In that regard it's difficult to isolate my mom and say she's like this or like this, because my family is just one. I don't say, oh my mom has this role. I find that very difficult. I find roles shift around. For me. It's probably very different for my sisters. It's a family unit, and we've all played our part. There's nurturing mother vibe. In that regard my mom is unbelievable. I think my mom is starting to realise only now that she's done okay. Looking at her three children. The three of us are at our next level, we're more mature now. And I think we're all okay. I think we're okay. And she's been there through the good and the bad times. Whether or not she accepts it. She's been the glue. I'm sure that's a cliché, but it's true. For everything. If there's a fight between me and my dad, go to my mom. If there's a problem at work, go to my mom.

B – She'll help you work through it.

J – Probably not. But it's nice to go to her, nice to know she's listening. Who knows if she can help. It doesn't matter really, that's irrelevant. It's just the fact that she's there. She doesn't have the answer, I know that, that's for me to work out. But I like to have the option of talking to her. Maybe there's something there she'll say that will spark something off. I go to her, and I know she will be there. We all know that feature of my mom. Again though, when I was ill, my mom was always there. I've probably got more issues with my dad than my mom. At one point I was doing engineering, and I hated it and wanted to stop. I couldn't tell anyone. I was following the same patterns my mom was; the whole masking and all that. And eventually I just said I can't do this. But I can do that. I can stop myself from going too far into something I don't want to. And I went to my mom first. I couldn't tell my dad. I didn't want to disappoint. I went to see someone to talk about it. You know, an outsider, and they brought up more dad issues than any mom issues, so, not that I have dad issues, it's just more complicated. My mom is so easy to get along with. It's not a strained relationship. Which seems to go against her situation. Because I know that my mom and my older sister were strained.

Appendix B 2

Sofie's story: Interview 1

B – Sofie, your sisters have both met with me, I don't know if they've shared with you their experiences of this. I'm going to ask some fairly broad questions, and please take your time and think about them. Think about the nature of your relationship with your mom. How would you describe it? What is it like to be her daughter and have her as a mother?

S – Um, I think we have like quite a good relationship compared to, well, other people that I know, their relationships with their parents. Um, we uh, mh, she's, hahaha, it's quite difficult. Uh, I think with all of us. Um, okay so I suppose, um, I think we're very communicative as well. Like I don't tell her everything because I'm not like that, but we do communicate a lot. We see a lot of each other. Um, um, I suppose I like spending time with her. Ja, is that the kind of thing you want?

B – Mh, you communicate a lot, but there are certain things you don't tell her. What kinds of things do you talk to her about?

S – Um, anything really, like, we, we just general just talk about politics, we talk about religion quite a bit, but not that much because we don't really agree. I suppose we talk more about stuff we agree on. Um, mh, mh, general things like how my day was, or, what's bothering me. Ja.

B – So that kind of stuff is important for you to share with her, in terms of seeking her support maybe.

S – Mh, ja

B – Conflict. ... I know that religion is a conflicted space, um, how do you guys work through conflict?

S – Um, well, I don't really um, like to argue with people much. If someone tries to argue with me, I, (mumbling)...

B – So let's say your mom would try and argue with you, or dialogue with you, around religion and that, and you would rather not be in that argument.

S – Ja

B – Okay, what are you thinking and feeling in that time?

S – Um, just really uncomfortable. I just want to get away. I don't particularly, ja, no one really likes arguing. Well, I suppose. Haha. Some people maybe do like to argue a bit. Ja, I'd just rather not.

B – You say it feels uncomfortable. Can you find other words for uncomfortable?

S – Um, ... upset, um, I generally, if people start shouting at me I generally start to cry. But ja, that's my thing. um, ja, um ... mh...

B – So there's a feeling of being very sensitive to a raised voice, or a temper in someone?

S – mh

B – Um, how do you experience your mother, on the temper spectrum?

S – Um, I suppose we remember her shouting at us because it stands out, but I don't think she's that bad. I sometimes feel, if she's in a bad mood she's *very* difficult to be around. But sometimes she'll, if she's very bad she'll just leave the house. Ja, I think, and it'll be uncomfortable, but ... it'll wear off

B – How do you respond to her in that time, let's say if she's feeling a bit down, feeling a bit angry?

S – Um, um, if she's more angry then I'd probably stay away and leave her alone. But if she's sad then I'd probably ask her if she's okay. Probably more likely to leave her alone, 'cause she goes all quiet.

B – How do you feel when she's sad?

S – Uneasy? Um, ja, it's like something's wrong. The whole house is affected. Um, ja, I feel helpless I think.

B – Helpless. Um, does that mean that there's something in your that feels I want to her but I can't?

S – Ja, don't know what to do.

B – Don't know what to do. Tell me about that. What's happening there?

S – Um, I don't know I just like think maybe I should like, um, clean the kitchen haha or something I don't know, or just go and talk to her, but I'm a bit scared.

B – And cleaning the kitchen? Um, there's something that's important about that. What would that be for, what would it do?

S – I don't know 'cause sometimes like she does work more than all of us, and she finds it hard. Like often she comes home and says like the kitchen's such a mess. And so if she's like in a really really bad mood ...

B – What are your good memories of her?

S – She always like, when we were younger, she always used to take us to the park. She used to do lots of things with us, we would have like picnics and we would always play a lot. And ja, um, she gives good hugs. Ja, you something more specific?

B – No that's great. The hood hugs, what are they about? And when she gives the hug what's it for?

S – Um, sometimes just because. But um, probably at least every two days or so I'd hug her, like when I'm in a bad mood or something. Ja.

B – Your negative memories of her?

S – Um, I suppose when she's angry, like she did sometimes get upset when we were smaller. Like obviously that sticks out. like if she hit us. um, ja, ja ...

B – So she gave you little smacks, or ...?

S – Ja, it wasn't that often, like maybe once a year. Um, and it stopped when I was like 10.

B – Your mom described times when she withdraws into herself, because of feelings that she finds it difficult to express, or doesn't express. I'm confused about the degree to which you're aware of what's going on in those times.

S – I think sometimes she's upset and we don't know what's happening, and then someone will say something afterwards, and then we're like oh, and then sometimes we can figure it out. My dad usually knows, and he'll say something.

B – So it's a matter of figuring it out?

S – Ja

B – And the notion of her difficult childhood experiences? How do you understand that? Do you know what happened for her, and if you do know, how do you know?

S – Um, I don't, well I don't know exactly exactly the details, but from what I understand my grandmother was a bit of a nutcase. Like she's always dropped hints like how her mother was really sexist, and um, stuff, but also just recently she's said stuff about probably physical abuse, but I think there was a lot of mental abuse, well, not mental abuse, verbal abuse. A lot. Um, but like she didn't say physical or stuff ... ja.

B – It feels like it's something she finds difficult to talk about, and I guess I wonder what your experience of that hiddenness is. There's a retreat in her, to not share certain things. How do you experience that?

S – Um, mh mh, I think I can understand her being like I won't talk about it. Like I would probably find it uncomfortable to talk about it. Um, ja. Um, uh, like I really do want to know. She's my mother. But if she's uncomfortable talking about it then I'd rather not.

B – Okay, so the not asking questions is out of respect for the fact that she finds this difficult to deal with so let's not go there?

S – Ja and also I think I would probably find it difficult to deal with.

B – What would feel difficult?

S – Um, just, I suppose you don't really want to see your parents being vulnerable? Um, like you see your parents as being really strong. Like when you're younger. Like all-powerful and stuff. And it's still kind of there.

B – So those um, not illusions, 'cause they're not, but it's her vulnerability, that when you're confronted with it it feels really uncomfortable. What does it mean that she might be vulnerable?

S – Like, um, just that like, uh, um,

B – What does it mean for you?

S – Mhmh, I think, like just not like, just basically not, I really don't know how to say this, um, like I just in terms of, not being strong? I can't really put that into words. Um, ... isn't it kind of like what I said earlier, like her not being um like it's also, it's like, mhmh, ...

B – Maybe we can come back to it? How does your mom express her love for you?

S – A hug I suppose? Ja, just like, she worries about us. And, um, bit of being a bit over-protective at times, well very over-protective.

B – How do you feel about that over-protectiveness?

S – Um, to some extent it's kind of comforting, but also it can be a pain, obviously. Um..

B – And when it's a pain, what do you do?

S – I generally leave it. Um, like I, I don't usually let it get to me that much. I generally do what she says.

B – Have you ever not done what she says?

S – Ja

B – What does it feel like?

S – I feel extremely guilty. I get nauseous. Like a pit in my stomach

B – Is that a common experience for you, your body expressing your emotional processes?

S – Ja, probably. I get nauseous, and I get this thing where I, it's like a hiccup, but it happens like every so often, and it's annoying

B – I'd like to move now to your experience of your parents, in terms of the aspect of their relationship in which you mom often has to go out of her way to meet his needs. And sometimes she really struggles with that it seems. How do you respond to that?

S – Um, we ja, I wouldn't say he was the head of the family. If our parents tell us to do something we'll probably do what my mother does, especially since she's had more impact on our lives, being the primary care-giver. But in terms of us, like we would probably ... (mumbles)... in terms of him and um, the family, like we would all say, like why don't you just like make the tea yourself, or why don't you go and help your mother, and make lunch or whatever.

B – I'm interested to learn about, okay you've spoken of the process of meeting your mom's needs and feeling guilty when you go against her word, kind of. Um, your mom describes herself as quite a compliant person, sometimes to her own detriment in terms of exhaustion, being worn out. Is there something like that in you? Something similar?

S – I don't know, I think I'm a lot more selfish than my mother. I think she's definitely, she's, I think I'm not like that. At some point I'll say no, or find a way to get out of it.

B – Um, and what do you think has enabled that, that you're more about to draw those boundaries and say no?

S – Um, I think I'm maybe lazy, I don't know. Maybe it's because my sisters and I are quite, we've maybe, we're quite close, and we like fight a lot and stuff. Maybe, I don't really know.

B – Anger is an important experience for your mom, and putting that aside, in a way, I just want to learn about your own experience of your anger. What do you do with it? When do you feel it? in relation to what in relation to whom? How do you express it?

S – Um, it depends who I'm angry with. Like if it's stupid things, like if one of my sisters comes into my room and they won't leave, I get really upset and then maybe throw a book at them and get up and push them out. um, ha ha. If they want to annoy me or something. Ja, and like when I was younger, um, like ja, I don't really shout at people.

B – So if you're feeling angry in a moment, your response to that anger would be?

S – Um, I might sort of just give an exclamation and go away, or shout at them. If it's someone I don't know really well I wouldn't say anything. Ja probably, (mumbles). Or just ja, leave

B – Leaving and going into your own space ... retreating ... it's a word your mom used, of herself as well. It seems to be quite an important feature in terms of responding to conflict, and heated emotion. What does it feel like when you're in your space alone, when something's happening and you're trying to move away from it? What's going on in your mind and your heart?

S – Um, I feel at ease. Or when I'm in my room I'll feel calmer. I don't know like being away, just, ja, I'll feel like really upset for a while and I'll get over it, and I'll start to read. Ja, I'll start to read. Or sort of calm down.

B – Start to read? What will you read?

S – Anything, like what I'm reading at the time

B – The reading does what?

S – It's calming, I really enjoy reading. It takes me into the book.

B – What kind of stories?

S – Um, lots of stuff. Um, a lot of fantasy. And then, uh, mysteries. Classics. Period stuff. Ja

.....

B - Okay, I want to move into something a bit broader. How do you feel your mother influences the person you are? In what kinds of ways are you your mother's daughter?

S – Um, ... uh, ... mh... like she always says that, but um, I suppose like the retreat is quite an obvious one. I suppose we're interested in similar things, because she brought me up I suppose. Um, I don't know, um, we talk the same apparently? I don't know, I don't really think about it?

B – Your mom says that one of the similarities seems to be, your sisters are slightly more communicative than you are. Now I don't know what that means, but this is a statement that she made. One that reflects her as well as you. What do you think that means?

S – Well like in terms of my sisters they'll come and tell her the breakdown of their day. Zahraa will say oh and this happened in class. Things like that. And I'll come home and she'll say how was your day and I'll say fine. Haha, unless something like really hectic happened.

B – You tell your story with far fewer words.

S – ja. Haha

B – Do you feel that that means that there's a lot in you that hasn't been expressed, hasn't been spoken. Or is it just that you are a woman of fewer words, as it were?

S – Um, probably both, um, ja, ja... I don't talk about everything, 'cause there are some things I don't really want to talk about

B – Okay, like what?

S – I just, like I'd rather not talk about my friends. I do, like I will if something's really bothering me. But there are some things I'd rather not tell my mother, or my family.

B – And those things, do they have a space elsewhere, where they are spoken?

S – Some of them, but not everything?

B – Uncommunicative doesn't feel like the right word for me. But there's like another word. What other word could you think of that feel more fitting?

S – Concise?

University of Cape Town

Appendix C

Examples of analytic reflections

Appendix C 1

Rahel: Analytic reflections

Sweet and light in her speech and face, Rahel impressed with that uncertain duplicity of being which I felt in Sylvia – that sense of something lurking behind the eyes, in the hands, in the arch of her back; something which is shrouded by a gentle, delicate, possibly naïve expressive posture. On entry into the space Rahel's anxiety and nervousness was tangible, and spoke through her tight, well coordinated, colour-coded frame. She began her story quickly, forcefully, without hesitation. Not once did she show emotion through her face and her eyes, apart from tiny smiles and giggles which seemed incongruous given the tragedy she was describing. Rahel's voice seemed to betray her equanimity – it rose and fell in unexpected intensity with sudden and almost bizarre shrieks. At times the high-pitched tones escaped my recording, and I lost some of what she told me due to being unable to make out her words. My strong sense with Rahel was that she was beginning a process of re-acquaintance with a disremembered, discarded past. She spoke of having lost much of her childhood memory, and I was struck by how dispassionately she engaged with this notion. I felt that she was almost indifferent to the fact of this forgetting, and to its implications. Rahel seemed to me to be a compliant, sympathetic, generous person, and I immediately felt concerned that she would give more to the process than she felt comfortable with, for my sake, and for the sake of being a good participant. I felt it essential in this first meeting to inform her of her rights in the process, and to make it clear that there is no coercion whatsoever.

I became aware of a dialogue in Rahel, a to-ing and fro-ing between forgiveness and anger, between a need for retribution and need to ignore past injuries. This emerges in her speech, in which I feel that she constantly argues with herself, contradicts and possibly even betrays herself through saying and unsaying things.

I am quite moved by Rahel's way of being, which is engaging, compassionate, kind and humble. It does seem that she is quite sacrificial, offering herself up to others, at times to the detriment of her own needs for comfort of nurturance.

In myself I felt a leaning towards, a care in my body for her; a sense of sympathy in my posture's moving towards her. I felt her anxiety within herself as something which rung out in me; not in making me anxious, but in stiffening me somewhat; tightening my muscles, tightening my face. I felt the frenetic motioning of her speech as I dangled in confusion sometimes on the end of the line of her story. I noticed in myself an intent gaze, and I matched this against what felt like her watchfulness of me – the dichotomy of this experience is memorable, and was striking.

“UM, what happened is that my parent's marriage broke down at a very early stage. And in the Muslim community particularly there's a lot of um, the people ostracise. Well it can be a very negative experience. My dad was a surgeon my mother was a nurse. Once she had us she stayed at home. She was of a very high social standing in the community, and the marriage breaks down. And then I'm there, and I'm extremely fond of my dad, and I remind my mother a lot of him, and I am a lot like him. Um, personality wise. Um, and that led to total rejection on her part, of me. And that is the basis of my childhood trauma, because it informed absolutely everything. I struggle with, I know there have been positive experiences in my childhood, but I can't access them, I struggle to access them. And, um, I want to access them. I think it's important for me to access them, because there were positive experiences, albeit a few. Details are very difficult to give, because it just informed everything.”

Rahel dove into this; she entered the core of her agony in a way which felt almost frightening. The way she spoke of her mother's total rejection of her – that word, total, spoke such emotion, but was accompanied by very little in her body, her face. She speaks of it in a very logical fashion; almost scientific. Her closeness with her father has a cause-effect relationship in terms of her mother's rejection of her – this positivistic line in her narrative seems to be her way of making sense of the experience; by disbanding it from the emotional outrage which one would imagine she felt; and which I felt.

Rahel's memories around the experience of her mother's rejection of her, and the abuse which she suffered at her mother's experience, seem vague; but the more she penetrates them, as the narrative develops, they seem to become more and more gruesome. Her mother's cruelty to her seems

amplified by her being isolated from others, and being unable to find comfort and solace in any relational space. She had to self-soothe, she had to disavow emotional responses to the abuse so as to survive, she had to endure and accept the unacceptable. Rahel's telling of the story is quite clinical, almost cold. She is merely stating facts which seem distant. Her story is told in a rush – swiftly spoken, in a voice which sometimes breaks into a high-pitched shriek for a second, and then return to softness. I found myself responding to the sounds of her story in quite a pained manner. I heard the soft mumblings, the hurried churning out, the isolated shrieks, and became aware of the brokenness in her sounds; the juxtaposition of whisper with shriek, of silence with frenzy, scientific coldness with minute, isolated emotional outpourings.

“And then the other thing was that you could never, communication-wise, you could never, you were told whatever happens in this house never gets out. I was extremely scared of her, I remember that too. And I would never, none of my friends, nobody ever knew in my life, with respect to what I was going to domestically.”

This description of the clamping of communication feels significant, and sheds a new light on Rahel's entry into the research process. I am struck by the profound rebellion of the act of entry; her telling of her story feels like a kind of raging against the imperative of silence that was central to her relational culture. The entrapment of experience, behind closed doors, inside locked cupboards, is matched against the urgency with which Rahel leaks out her story to me; shoots it into me with an immediacy which is striking, at times moving, at other times intolerable, unimaginable. I became aware again of the dichotomy of this process. Growing a relational atmosphere defined by dissociation, disconnection of the story, prohibitions on telling, Rahel has entered a room with a stranger to unearth her narrative. The ban on telling is one that continues to operate outside, in her relationships with her daughters, her friends; but in the research space, in the relationship between Rahel and me, there is an outpouring of otherwise hidden stories. My experience of Rahel was that she felt surprised by her telling. She became aware of an intensified sense of internal disturbance; one which she felt must be etched on her physical body, and which I should be able to recognise, like a scar or a broken limb. But I could not recognise her brokenness immediately. I could not get close enough to it to see it; as if her brokenness were covered over

with layers which distanced her from me, and gave her a shape other than the shape which is integrally her own.

A crucial aspect of Rahel's experience is the intensity with which her own body recognises and speaks her distress.

"And then I remember in Matric, I became hypothyroid. Um, but nobody knew; everybody thought it was stress-related. I always performed very well at school, but I was also under a lot of pressure to perform, more from my mother than from my dad. Um, so, I had to be like top of the grad, and I was top of the grade and I hated it; I hated it with a passion. Um, anyway I became hypothyroid and everything just collapsed to that extent that in my matric I couldn't even read. I couldn't even understand what I was reading. I displayed all the symptoms of hypothyroidism. It's quite a surreptitious disease, it's very slow-growing you know, and it can also ... you could almost think it's sort of depression or stress or whatever. Anyway I reached a point where one day I, there was obviously some problem with my mother, because I just never communicated I just used to keep quiet and do what I had to. I just got up and walked out of the house. Ha ha, and I put on some white boots and I walked from Athlone to Claremont, I had all this energy and I was just so upset and I walked all the way."

The relationship here between finding herself silenced in terms of communicating her distress, and her body's own expression of pain, exhaustion and disintegration, is an important one. We see in this relationship the entry of traumatic rupture into Rahel's flesh; we see her calling out to those around her, that they see her in the act of falling to her knees in exhaustion and pain, that they witness her collapse. This invitation to witnessing is an important theme which is view as a relational leitmotif moving through Rahel's story. Rahel's current telling of this experience is one defined by her own marveling at it. Marveling at the slow-growing and surreptitious disease which entered her, as if out of nowhere, and which gave her a voice. This voice, however, is not so much heard as seen. I connect this process in my analysis to Caruth's writings around the wound and the voice (Caruth, 1996). For Caruth the important focus is on the narration of trauma as an experience of being present to and witnessing the wound of another, as it speaks through voice. The voice speaking the wound is seen to convey an uncanny repetition of itself, as it attempts to assimilate its nature for the other, who must witness it.

Rahel's expression of self, as seen in her collapses, in her walking out of the house, as seen currently in her leaving home in an instant of fury, is coloured by a motion towards escape. As fully engaged as she is, in conversation with me, in her role as mother and wife, in her religion, there is at the same time the threat of retreat: A word she uses over and over again; retreat from the crowded and frantic room, to a place of silence and aloneness. This retreat seems to fill the relational space with an awareness of flux; the interchange between presence and absence, devotion and desertion, visibility and opacity. I feel it reflected in Rahel's narrative also in the occasional disappearance of words or phrases: either they are shot through in a mad rush, or they shriek out and are lost. In relation to these missing words, phrases, moments of banishment, I feel confused and at a loss in terms of the meaning of the story, and Rahel's own sense of what she is trying to express.

In terms of Rahel's expression of self, and perhaps more acutely relevant, there is a disappearance and absence in her story which manifests in the form of a brokenness in the narrative.

"I spent my 21st birthday with my dad, and didn't see my mother or my siblings for about 2 years, I don't know, I just don't know. And I was also hypothyroid. Anyway, and then one day I went back for some reason I don't know why, and I just went back. And eventually the cycle just continued, and then we went on a camp. It was a religious association camp. And we went to the Karoo and it was really cold, and I collapsed. That was when I was diagnosed hypothyroid. Anyway I went on to medication. I used to collapse and my mother used to kick me. She used to get so frustrated because I hadn't become this perfect child. And she used to kick me, and my brother would come help me. Anyway that I remember."

What I feel most painfully in this passage is the rupturing of the story through forgetting. There is a strong sense of sadness and loss which comes through the simple fact of forgetting, and which I find affects me strongly. The fact of not-knowing why she left home, why she returned, and the intermingling of this not-knowing with profoundly altering memories of being kicked at her most fragile moments, speaks strongly to me, and invites compassion and love. There is also a feeling of it being essential that I witness the absences. That I see the moments of vacancy which disturb

and reduce Rahel's remembrance of being-abused. If I think about this in terms of the role of empathy, it feels to me that there is an importance in Rahel's inviting me to enter imaginatively into her story, and to perhaps generate, in my own empathic imagination, images and stories which could fill the absence; restoring it by making it whole, at least in my own mind.

A dominating theme in Rahel's narrative is the experience of isolation. In the following passage we see Rahel's movement through a life filled with periods of isolation; filled with the struggle to survive in a state of relative aloneness.

"And then I met my husband on campus. And it was okay, it was okay, it's been a very difficult 24 years. I would have just fallen into anyone's arms; anyone who just cared. You know, that was it. Cause I just felt very alone. From a very young age I just felt alone, like I didn't have anybody you know. I still am to a certain extent like that. I'm on my own, I must see to myself. It's very difficult for me to ask for or to find that sort of nurturance, even from my husband. He's not particularly demonstrative. He's the kind of person who if you've fed your family then you've looked after them. He's nice, he's very nice, but that's the kind of background he also comes from. Then my husband got this job that was really high powered, and I basically had to bring my kids up on my own. It was extremely difficult and stressful. Rahma, my oldest child, she would often get really upset cause I smacked her. It didn't happen that often and I know that. She's got a bit of an insecure low self esteem personality, and I have tried, she my most challenging child. She's the kind of child who will fixate on that experience."

The sense of isolation in childhood and isolation in motherhood speaks out a transposition of a relational theme, and feels important in terms of how it is witnessed by the other. I see Rahel's isolation in her précis of the experience. I become aware of very little emotion in her telling of this isolation; it almost feels dry, absent. The notion of the description of experience as a précis speaks to me here, as I see Rahel disinvesting from the emotional impact of the memory, whilst speaking it out that I may see her experience. Again it feels as if she is inviting me to fill in, with my own empathic imagination, the gaps which she has felt unable to fill. Transferring this process to my awareness of Rahel's children, I begin to wonder to what extent they become aware of the absences; the black holes in memory, which are characterised by Rahel's simultaneous revelation

of experience in the form of *précis*, and her concealment of the emotional residue which that experience leaves. If I think about her isolation in this context, I recall at the time of her telling that I struggled to connect with her. I struggled to feel for her in her recapturing of the isolating times. It was only through the effort of “trying to imagine” that I could flesh out her story, installing my own emotional energy into it, and thus giving it a body. Do her children have the same experience? Do they struggle to fully see her, or to see her fully, but with perplexing emptinesses in and around her? In this it feels for me as if it may be quite difficult to connect with their mother through compassion and empathy. This process feels as if it promotes or enables the isolatedness. The style of narrative, in which Rahel simultaneously begs witness and disallows it, disconnects her, and seems to keep her sealed off.

Connected with the theme of isolation, in terms of its manifestation in Rahel’s relational experiences, is that of withdrawal or retreat. Below are some fragments of experience in which retreat manifests variously, in terms of Rahel’s relationships with others, as well as, and perhaps most importantly, her relationship with her self, her memories.

‘I think I am human and I tell my girls this. I tell them when I need some space and they are fine with it I will retreat to my room for half an hour and this applies to them when they need space as well.’

“I have a lot of problems with conflict resolution. I tend to withdraw rather than confront. I would rather just grin and bear it. I struggle, in fact last week Rahma, my eldest daughter, (Couldn’t hear on tape became too high pitched.) I can’t even stand somebody raising their voice at me. I get so upset. I can’t, it reduces me to tears¹⁵. I just can’t handle it. You know, because I was shouted at so much as a child. I was screamed at so much. I do have a couple of times when I’ve raised my voice in the house. And my dad’s like that, my dad’s very very soft spoken. Always has been. Whereas in my husband’s family there’s a lot of conflict, they shout at each other there’s a lot of conflict, a lot of confrontation and to the extent that I don’t get on with them, because I struggle.”

¹⁵ A feature which Rahel shares with Sofie

“Very often what happens in my relationship with my husband is that I withdraw as well. Very often my children will actually say I’m horrible to him, you know that. Not often. They have said it. “Mommy you’re really horrible to daddy.” You know. But they don’t see the bigger picture. They just see that I’ve withdrawn and I’m a bit short perhaps with him, or... and very often it’s a combination of all that. And the fact that he’s been so busy. There’s been no touching. And I need it so much, even this last week he’s been very much more supportive and making me feel better, you know. And it’s a combination of all that that will make me just explode, and unfortunately that’s what the children see. So then I’m the one who does these crazy things like throwing tantrums. Although my husband does, he throws tantrums in other ways.”

“I retreat. (Mumbles) I think um, the one thing is, being alone in my room. I think um, I sort of go into myself and almost experience that alone you know, the feeling that I felt then. I retreat into that. Um, and then the other memories ... there weren’t too many. Because I was so badly hypothyroid I used to faint, and my mother used to kick me up. Mumbles ... I sort of half went, I didn’t want to go there fully, I couldn’t go there. That was quite a difficult memory. Um, there was the banging of my head story. You know, I can talk about it, academically almost, and then I can also go into the memory. I think though how normal is this, and is it okay to be able to do something like that (going into the memory, almost reliving it). ... What were you asking about?”

In the above fragments we see a variety of functions of retreat. Firstly, there is an appropriate laying down of a boundary in relation to her daughters. Rahel describes it being essential to her own humanness that she has a silent, quiet and separate space. Her daughters have come to know and respect this. I do wonder what their experience is of this withdrawal: where does Rahel go when she is in this removed space? What is the emotional impact of the retreat for her daughters? Does the retreat enable her sense of isolation and aloneness; does it replay the aspect of her historical narrative in which she is locked in her own distress, and unable or disallowed to share that distress with an other? The most powerful image of which I became aware when listening to Rahel’s description of this particular style of retreat, was that of being locked in and locked out. It felt to me as if I was hearing her from the other side of a tightly shut door; I have no way of accessing her. Further to this, she was crippled in her own distress, and unable to show it to me, because she was locked in.

The second function of retreat is the avoidance of conflict. As we see in the second fragment replayed in the previous page, Rahel is afraid of conflict, she withdraws from it; she cowers. This withdrawal is of a powerful psychic significance. As Rahel shows us, withdrawal from conflict serves to protect Rahel from awareness of the enactment of memories in her current life. Her memories of her mother's screaming, the viciousness with which her mother spoke to her, enter her lived experience through the raised voices of her husband and daughter. In this moment, there is an emergence of memory inside a current relationship. Withdrawal serves as a way of disallowing this emergence of memory.

Contrary to Rahel's need to disallow the emergence of memory into the lived relational world, a need which she fulfills through retreat, she shows us the desire to reclaim lost stories. Retreat, in its function here, serves as enabling her to achieve a closer relationship with her historical narrative, such that memories may show themselves in greater light. Retreating into a state of aloneness is aimed towards achieving greater access to painful memories. Rahel shows us, and it is felt strongly in the way she tells her story, that she is able to describe certain memories intellectually, not emotionally. She is removed from the affective depth of certain partitions of her history. The retreat, as it functions more and more in her current experience, aims at enlivening the intellectual narrative of a remembered past with affective depth. She is desperate to achieve this integration. Currently though, Rahel's telling of her story manifests a quality of something being split off, something obfuscated by an over-paling intellect, something not quite visible. Earlier I described my felt sense of the opacity of Rahel's narrative, commenting on the ways in which certain words or phrases become invisible, being hidden behind a blur in her voice, a shriek, a mumble. Here we see this opacity again, but this time reflected in the hiddenness that accompanies an overly intellectualised narrative of self. I am mentioning this at this point also to emphasise the importance of coming to understand the lived experience of this opacity, firstly for Rahel, in terms of her relationship with herself and with the other, and secondly of course, for the other, with whom she is relating. The impact, as I am coming to understand it, is a disruption in contact between self and other. In that the other is unable to fully see Rahel, and in that Rahel may experience herself as incompletely seen, there is a relational disconnection within which we see the themes of isolation and withdrawal manifesting. In my consideration of these themes of withdrawal and isolation, I am constantly taken back to the images of abuse, specifically the image

of being kicked by her mother after collapsing to the floor. I felt a physical surge in response to this image; it tore at me, it repulsed me. I witnessed Rahel's fragility, the story of that fragility being violated, and felt a deep sadness in imagining the moment. It felt to me as if Rahel was absent to the feeling; she told it as if surprised, somewhat confused by the possibility of such a thing occurring, but certainly she did not appear to feel for it. In our relationship in the moment of this telling, my imagination had to fill in the absence of emotion. My witnessing had to give the abuse its agonising affective substance. This feels for me to be one of the more central motivating factors in Rahel's decision to enter the research process. She chose to enter a relationship in which the emotion, which seemed invisible, seemed obfuscated, could be seen and felt by another, thereby bringing that emotion to life. The fact of this bringing-to-life of emotion taking place in the context of relationship, in the context of connection with an other, feels so important. It speaks to the dominating themes of isolation and withdrawal, and how these themes have played out in Rahel's historical narrative, but perhaps reflects their coming to an end, in gentle ways, in her current relationships. There is something of restoration in this: the restoring of broken internal and relational connections.

Appendix C 2

Margaret: Analytic reflections

Throughout Margaret's narrative, what pervades is the theme of emotional neglect, abandonment and at times hatred in terms of her experience of her mother. Her mother was described as unpredictable, hateful, angry, inconsistent, physically and emotionally detached. Her memory of these relational patterns goes back as far as she can remember.

The prevailing feeling as a child was, um, that ... that my mother hated us? ... it was, not hate, maybe that's too strong. It was that she wished that we weren't there. That we were a lot of work, which we must have been. I mean 6 kids, I've got 2, sho. There was no physical contact with her at all, except when she used to wash our face. Absolutely no hugging, no kissing, no nice words, no physical contact. She, besides washing our face she used to plat our hair,. Um, um, that was the only time that you kind of went anywhere close to her. when she'd plat our hair for school. And obviously that stopped, getting to high school. Anyway, she was extremely moody and very aggressive.

Certainly this more extreme narrative trend only crept in later in the data collection. In the beginning Margaret tended to stay away from anxiety-arousing spaces in her history.

Margaret seems to be conveying some sense of the lack of being special, being unique, in the context of her early childhood family relationships. Their (the children's) mother would have had to attend to all children, and I wonder to what extent feelings of abandonment and emotional neglect constituted Margaret's earliest moments, and may have enabled the uprising of a defensive process in her. I am considering the notion that she may have developed a defensive self-concept, one in which she had to nurture herself, and meet her own needs for affirmation, in the face of the relative lack of nurturance which she was receiving.

In terms of her experience of her family, Margaret describes a bizarre exclusion from the family collective experience. For example, her mother's pregnancy was unknown to her. In this sense she was disconnected from the family narrative – certain things were hidden from her, and were only revealed when their manifestation was undeniable, such as for example, the shocking arrival of her youngest brother.

Margaret's relationship with her family, and indeed with her own narrative of her family-relational experience, is an ambivalent one. She tells the story of the children always being huddled in a group. This huddling seemed in some way to serve a protective function.¹⁶ At the same time, she describes a sense of detachment and near-estrangement, in which her sense of the relational connections between herself and her siblings, and herself and her mother, were somehow severed. Margaret speaks of her experience of being alone within the group – although there were people around her, she never felt supported, contained and secured.

¹⁶ This is matched against something Margaret says later. Her narrative is full of the kinds of contradictions noted here. I am seeing this as a disavowal of the experience, an anxiety about acknowledging fully the truth of the situation, and perhaps a sense of guilt at betraying the family unit: "There was this sense of being completely alone. There was no connection with anybody, certainly not my mother. She was somebody that I avoided because of her moods. Definitely not with my brothers. Um, or with Janine. And it's I think the kids, the four of us, we had to look out for ourselves. To a large extent, but it wasn't a team thing, four against whatever, it was, you know, you were looking out for yourself literally." The early relational environment feels like defined by warring, threat and solitude.

“But we were always a group, you know what I mean, we were always a group. Very close in fact it had a lot to do with our ages, you know what I mean? Christmas time you stand in a row, 1 2 3 4. There were a lot of group photos of us, especially the first 4.”

In the context of Margaret’s childhood, the unpredictability of her autistic brother’s moods, the constant looking threat of his aggressiveness, and the potential injury which this could cause, feel significant in terms of the potential for being traumatised within a relational context. I feel that Margaret acknowledges this to an extent, but to a large degree she downplays the intensity of the experience, the moments of fearfulness which Paul’s attacks could provoke, and the feeling responses, in terms of anger, resentment, fear, frustration and confusion which may have been hers throughout the experience.

My mother never worked, I’m pretty sure she was busy with 6 kids, so we’d all have our place around the table obviously, and um, three of us would sit on the one side, my dad would sit on the one side, Paul next to my mother and the eldest, and I don’t know what happened, I used to sit in the middle of the bench opposite my mother, and behind me was the door to the bathroom, and the door was open, and I don’t know, he would do things so suddenly that it would just like absolutely throw you. Um like totally unexpected, he’d be completely okay at one stage and then he would just like attack, absolutely attack. When I was 13, 12, 13, so he was a year younger but always bigger. And he absolutely just went for me and he attacked me, and he attack me and got hold of me and bit me on my breast, I suppose, and sort of just sunk his teeth into me, to the point where I landed on my back in the bathroom with this child on top of me. And then that was it. you know, okay it’s fine, pull him off and off you go. So things weren’t explained. That was allowed to happen without an explanation, I mean let’s face it, your brother attacking you. But I mean we understood Paul, we knew that he was different. He was there all the time.

There is something significant about being violated in this most intimate way which feels as if it has been condoned by her parents. Paul’s aggressiveness is allowed. It is left unexplained. It must simply be accepted. The unpredictability of it, the animal wildness of the assault, occurring in the context of what should be a safe space. The lack of explanation stands out in Margaret’s story – as if it was a betrayal of sorts, it made attack and assault okay, and normal. I feel quite

saddened in my own experience of this part of the story. Margaret is violated, she is attacked, she is assaulted, and in the presence of her parents. In response to this she speaks only of her understanding. She understands and accepts Paul. My feeling is, what about Margaret? Where does her own hurt and pain fit in this situation? I feel like she is betraying herself here.

There are moments in her story when Margaret describes a different kind of danger; a more pervasive and perhaps less physically threatening danger – that in relation to her own mother.

Obviously if I think about it now he was taken up a lot with Paul. Having to look after him, keep him safe keep us safe from him, that type of thing. Obviously he worked, so we never really got to see him during the day. He was there on the weekends. But if I think about my mother and when I was a child, I had to be wary of her. That's the sort of pervasive feeling. You had to always make sure she was in your sight. Kind of keep your back to the wall.

There seems to be a pervasive sense of danger in the relationship with the mother – mom could strike at any time, as could Paul, and within this pervasive looming threat Margaret was relatively alone. The lack of protection inside Margaret's home environment is extreme. Her parent's escapism through substance use, and the consequent emotional and physical neglect which this may have caused, constitute strongly her traumatic narrative. Together with this we see the experience of corporal punishment in Margaret's story.

You got a smack if you said something wrong. The rest of the time we had to just be wary of what you did. She in particular I think sort of didn't like Janine and me, I don't know why. Um, there was a, what was, there was this, sense of um ... how can I put it, that she she you kind a kinda wished that you weren't there, if you know what I mean.

I don't have a clear sense of the ways in which this was communicated. Through what expressive means did Margaret become aware of her mother's dislike, her distaste for her, and how did this influence her own way of being – if I think about my experience of Margaret, her softness, warm fuzziness, bright cheeriness feels like a powerful contrast. She is almost like a teddy bear in her ways of being and relating, inside the interview space. In this sense I found her interpersonal

presence quite endearing. It was easy to draw near to her; she revealed a softness and a near-childlikeness which seemed to pull a caring and gentle response out of me.

Returning now to the experience of violation in childhood and the lack of protection from an attentive parent:

I do not see that she fully acknowledges this for herself. She notes that Paul's death brought to an end her suffering in relation to him. Suffering that lasted throughout her childhood, and effected an estrangement in her relationship with her parents.

"And that's how he died, he was 18 19 years old, so, my entire childhood was with him. My parents' way of coping was to drink. So to a *very* large extent they were, I mean I think my ... my mother ... could have been, I mean she virtually became an alcoholic. I mean she drank regularly. It became weekend binges, um both of them. Then you would have, my aunt and uncle lived next door, they didn't drink.

There are moments in which Margaret acknowledges her own response as a child to her parents' behaviour, and she does so in an extremely reasoned and balanced way.

That must have been extremely stressful. Obviously as an adult you kind of you realise it, but as a child you don't. all you know is "you're my mother and you're my father and this is what you do and this is how I feel and I don't like it".

My feeling is that in the way that she acknowledges her being hurt by others in her family, and especially by her parents, is in a manner which sidelines the validity of her experience. She seems to put herself behind herself. I see this as connected in some way with her experience of being constantly sidelined in the family environment. Margaret, it seems, was not seen or heard. Her personhood was not recognised and affirmed within her family relational context

Um, but it made me feel ... um, how can you say it? I had to stay out the way, number one. Um, sort of sidelined. Remember there were 6 of us. My eldest brother, absolute absolute favourite ... absolute favourite. My mother absolutely, she adored him, adores him. The relationship continued. So he was always the favourite, Mark. And I mean you know, it was right, you know,

the eldest son. But to the point that I think she focused so much on Mark, sort of forget about Paul.

In relation to this, she focuses on how the needs of others were frustrated through this; she neglects her own needs again.

And in relation to this the following paragraph:

But we were sort of sidelined, to the point that, I mean I felt a, a um, a a uh almost a palpable aggression from my mother. Where I could actually say she didn't like me. Um, ... There was never any physical contact, none of that, we didn't do that! I don't recall her doing it with the boys either. So it wasn't just the girls she put aside, ... um, not put side, but that she wasn't physical with. I mean today if I think of my kids I mean they lay next to me in bed, and I'm talking about adults, 18 year olds. You know we hold hands we um, I hug them I kiss tem all the time. But it's also something I had to learn to make myself do, because inasmuch as Janine and myself were really close, only as adults did we say to ourselves, sort of not out loud obviously, but I mean you have friends and you see friends, you screech and carry on you hug and you kiss them. And you don't do that with your family? It doesn't make sense.

Margaret seems to be telling the story of detachment in various shades – it is a palpable aggression, a being-ignored, a not-being-seen, a casting aside, a physical rejection. In response to this she notes her adult self, in which she is affectionate, she reaches out, she is demonstrative of her feelings, so that her children may know and feel secure in the knowledge.

Towards the end of the first interview, Margaret paints the picture of a mother who is aggressive, unpredictable and outraged, and a child who is afraid and constantly on guard. There is no sense of safety, but instead a chronic sense of the potential danger to which one, as child, is exposed. There seems to be very little emotional tone in this telling. As if the emotional response as been quietened.

So we spent a lot of weekends away from home. There were even holidays that were taken where we were left at home, Janine and myself only. My mother would take the rest of the kids with.

Even Paul went with. Just the boys. I was about 12, 12. So there was a feeling of, can a person say this about your mother, that she didn't like you? There was a lot of, if I think now, a lot of negative message also, reinforced. As soon as you leave school you must go to work! You can't even consider studying further. Pay you back, kind of thing. Um... kind of look at you and say you know the only nice thing about me was my hair. And I can't remember if she was drunk at the time, or not. But that I remember, I can't remember how old I was. When she was drunk she was extremely aggressive! Very aggressive. She would physically fight with my father. He would defend himself from her. I remember seeing this. I think because of that, her behaviour when she was drunk, when they were drunk, let's be fair here, arguments would start and my mother is, was extremely jealous. My dad is quite nice looking, and she would always accuse him of looking at other women. Now whether that happened or not I don't know I was a child you don't pick up on these things. Um, but extremely jealous, so those kind of things came out in arguments when they were drunk. Um, and it's because of her behaviour when she was drunk that we were wary of her when she was sober. You can't just relax because you could be back handed for whatever reason. Um, ... so ja. Because maybe you were in the wrong place at the wrong time. In the way. Um, ja!

Interview – 2

Before we began Margaret spoke to me of her experience of unknowing in childhood – she has become fascinated with information, and connected this with her experience of not being told anything at all, never getting an explanation for anything. – this has fed positively into Margaret's strong desire to empower her children through knowledge. Also the fact that no one has spoken of what happened since her childhood. We began at this point

Again in this interview a similar theme emerges in terms of Margaret's own conveyance of her emotional response.

I find it hard to imagine that there was not rage, aggravation, hurt and fear in Margaret's response to her brother, especially in the earlier years. Simply understanding that your brother attacks you on a whim feels confusing to me. We need to look at this further, and at its implications in terms of Margaret's subsequent processing of emotions within her relational context. My feeling is that there is a disavowal of negative emotions. A disallowance of their entry into her sense of herself. She speaks of her autistic brother biting her, biting her father, and doing so in a way that was entirely unpredictable.

I am constantly amazed by Margaret's having taken her childhood experience and made something positive out of it. One example of this is her description of her adult self as quite passionate and engaged. She describes her childhood experience as quite vacuous, empty, dispassionate and incomplete. She describes herself as one of five children, in no way remarkable and in no way considered special by her parents. She was simply one of 5, and there was a sense of being trapped within this vacuous union. Out of this experience she describes herself as growing into being extremely passionate about her interests, as finding certain aspects of her lived world remarkable. There is very little cynicism in her, very little darkness in her response to the world and the people in her life. She is a kind of lightness who has lived through an age of dark, sometimes filthy experience, and has come out shining. Literally shining. I experience in Margaret a kind of a happy glow, and I am constantly struck by the dichotomy of this. In response to her glowing I sometimes wish, in terms of my own person experience of her, that she would shed this light and be more embracing of the dark struggles through which she has lived, and which she seems to disown.

Another example of the way in which Margaret's childhood experience has been turned into something light, impressive and positive is her powerful quest for information. She notes in herself a strong desire for information, and a sense of comfort that comes from knowing. In relation to this I see the other important dichotomy, which is firstly that Margaret lived through a period of profound unknowing in her childhood, and secondly, as will be seen in Michael's interviews, she develops this theme of unknowing by keeping secrets from Michael.

ja it's what I've become. It's about finding out things. I'm passionate about information. Something that has been confirmed for me. That's what I am, I find out things. I even went on the internet and I researched you.

In the second interview we began to speak more about Mari's mother and less about her brother. My sense was that Margaret had entered the space speaking about something tolerable, something which she could endure, even though it made her anxious.

What feels important here is the emergence of the narrative surrounding Margaret's mother → increasingly Margaret comes to describe her mother as dangerous, aggressive, unpredictable, hateful. This narrative, up to this point, was silenced by talk of Paul, whose aggressiveness and unpredictability seem to be tolerable, because they occur in the context of someone who is profoundly autistic. Somehow this story seemed less painful, less agonising, but certainly received more attention. In this sense I see Margaret's narrative as concealing in terms of her own relationship with it.

Continuing the theme of Margaret's experience of her mother, we see that she experienced her life as one demanding merely survival. Existing, being alive, being fully, was not an option. In relation to her mother's anger, unpredictability, profound detachment spanning from her earliest moments, Margaret describes her own position:

Well it's about survival I suppose. As far as possible stay out of the way. You behave yourself. You do whatever she wants to. And you try and get out of there as fast as possible.

We see that there is a marked impact of this in terms of Margaret's capacity to relate to other in the context of close personal intimacy. Her capacity to trust is ruptured. She struggles with closeness in adult relationships. The impact of Mari's experience in terms of her capacity for intimacy and trust with others is marked here. There seems something to be feared in relationship. There must be a boundary. There must be a degree of hiddenness if she is to feel safe.

I know that it, um, made it very difficult for me to connect with people. Inasmuch as I like to say that I enjoy speaking to people, which I really do, I mean I really do, um, a true connection, about really trusting someone, that I don't have, with a lot of people, with most people. I can count on my one hand who I can speak to. I can speak to my sister. I can speak to my children within reason, without getting them confused in anyway, because I'm very concerned about giving them information that they don't understand.

It feels important that, according to her narrative, others are able to connect with Margaret on an intimate level, but there is something which prevents her from being able to do the same. She is at

a distance. She is possibly skeptical in relationship. She is cautious and alert, but at the same time, in her softness, her warmth, her cheeriness, she is trusted and taken into the intimate confidence of others. There is a lack of reciprocity or mutuality in this which feels important. Also, there is a continuation of Margaret's habit of not being recognised, not being seen fully by the other, who is either looking too much at themselves, or at someone else. Through this, does Margaret remain unknown? Does she feel unknown, unknowable, unfathomable. Is there a conflation here between Margaret's experience of unfathomable anxiety, and her identity?

In terms of my own internal experience, as I feel it in Margaret's company and in reading her story, my overriding sense is that there is a great distance between the information she is relaying and the subjective experience to which it relates. I struggle to connect with this story, and to appreciate the emotional intensity which it conveys. I struggle to hear Margaret, and to see her. I feel very far removed from her experience as she experiences it, and feel that the way in which she conveys her experience is quite cold, devoid of feeling, devoid of Margaret's own subjectivity. There is something of an emptiness, an absence, something which makes it difficult to connect to, relate to, feel for, the story. Margaret's own word here feels apt – she relays information, she does not tell the story of a lived world. There is what feels like a sequestration of the story; it is told as if it exists inside an absence, and I feel that in my attempts to comprehend the story, and to feel for it, I am incapacitated.

This experience is summed up for me in the following line:

I can give you information, but to try and figure out how you felt about it at the time, it sometimes goes away from you

We see this experience captured quite neatly in the following passage, and importantly observe Margaret's experience of this theme pervading her historical and current narrative.

"I know that I was, as a child, and as an adult now, very lonely, sort of very disconnected, there's a feeling of, um, solitude, in and amongst so many people. That to me is interesting. There were so many people but everybody was alone. Janine said she got the same sense as well. And that has, that's prevailed throughout my life. I've got a very small group of friends that again I seem to be the person that they speak to. And I listen to them and I think to myself how amazing it must be to just trust somebody so completely that you tell them everything about their life. So people tend to talk to me, but I can't seem to return the favour.

In the third interview we focused on Margaret's experience of mothering, with the following themes emerging.

One theme to have emerged was the notion of the sequestration of mothering to a space, in some way excluded from other ways of relating, and in some way more significant and determining in terms of her self. The all-consuming nature of the experience feels important in terms of Margaret's other relationships – for example her husband, whom she later describes as relating to in a manner similar to her own mother's way of relating.

What feels quite moving in Margaret's account of her early motherhood is the acuteness with which Margaret witnessed her child's growth and his becoming. Her fascination with him, and her sense of wonderment at his potential. Margaret sees in her boy the nuances of his own existence, his own differentiation of his new world is storied here, in a way which almost feels more acute and precise than Margaret's own witnessing of her personal experience.

The theme of safety as an essential for both mother and son emerged strongly. At a point in story Margaret describes reading and re-reading the same bed-time story, over and over again to her son Michael. This ritualistic story telling feels important. Michael has Margaret read and re-read a story, a rhyming story, to him, to put him to sleep. There is immense safety in this process – safety in the predictability of the story, safety in knowing its ending before it happens, safety in being able to tell the story from memory and trusting that memory serves well, at least in this instance. This process feels for me as if it could be powerfully healing for Margaret in terms of her own working through of her traumatic narrative. Creating an imaginative space which is defined by predictability and knowing, as opposed to fright and lack of control, feels like an essential psychic space for Margaret as well as for her son.

Another important feature is the impact which Margaret's intense involvement with her son had on her relationships with others. The intense focus on Michael's development seems to have enabled some kind of disconnection from engagement with others. There was an involvement in his life which disabled other forms of involvement. Michael was the center. Again, the impact which this may have had on Margaret's relationships feels important. Also the process of separating from this extreme involvement ... what was that like for them?

But while Michael was alone there was a *huge* focus on him, from both of us. You know, so he was very much the center of attention, to the exclusion of the rest of life so to speak. Um, And only when they both got the kind of 7 and 10, I realised actually there's a world out there that you need to go and reconnect with. So there was a good couple of years that I focused very strongly on the children. But it was, I enjoyed it. ...-

In terms of Margaret's general narrative, in her relaying the history of her childhood Margaret describes its normality, its mundaneness. She stays away from the bizarre, the monstrous, the shocking. She favours the muted tones of her story; the shades of grey. She describes peak experience, outstanding experience, in terms of flatness and no-thingness. I wonder how this has impacted on her children's knowing of her; how this style of informing has rendered her unknowable and distant, perhaps as unknowable and removed as I experience her. This brings to mind the strong dichotomy between powerful involvement and what feels like a kind of disappearance.

The theme of knowing colours Margaret's considerations of her children. In her narrative surrounding Michael she speaks of the dynamic of his own search for information. What is being described here as an obsessive need to know, is definitely something shared between mother and son. But what is its shared significance? For Margaret desiring knowledge seems to have grown out of a formative deprivation – she was weakened through not knowing, she was cast out in a way. For Michael knowledge, or at least Mastery, feels like a thirst in need of quenching – fitting for his age it seems. I wonder to what extent Margaret may be conflating her own experience with Michael. Her experience of being deprived of knowledge, and her powerful need to empower her own children through enabling their own knowing. The dynamic of knowing is a constant dichotomy, as Margaret navigates the process of revelation and concealment in relation to children. They are allowed to know facts, but nothing too close to her own lived emotional experience. In relation to this is Margaret's revelation of her physical self to her children. There is a near-total lack of hiddenness and boundariedness in terms of physical intimacy and the body. This hiddenness seems to manifest though in terms of Margaret's relationship with her husband, and the knowledge which the children may have of this. I wonder to what extent they are aware of their

parents' wrecked marriage, and how they experience this in terms of their own sense of the safety of the relational environment. The comfort which Michael seems to experience in terms of his mother, his physical closeness with her, and the ease with which he seems to be able to converse with her reflects a wonderful diversion in the path. He relates to his mother in a completely different way to her relating to her own mother – I wonder how Michael experience Margaret's openness. How does he understand it?

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Appendix D

Example of reflexive writings

Appendix D1

Initial reflections on Sylvia's story

Sylvia entered the space with trepidation, uncertainty, a sense of bewilderment almost. Childlike in her manner, she seems to beg kindness of me. She seeks out all the gentleness in me, and I almost feel like I have no choice but to cradle her, to console her. In her voice there is hardness, age, strain and tightness, all coupled ironically with the sweet liquid sounds of her childlikeness. These two strains seems to almost argue with one another, and I am torn between them in my listening to her. There is duplicity in her tones of voice which is almost unnerving; jarring, perhaps frightening. She looks at me through huge brown eyes and I feel as if she is needing me to see and hold all of her, in her frightened and wilting state. In this space I find that she is almost too much for me; almost too close, too real in the way she wears her history like clothing, or like a scar.

Sylvia sits, tightly huddled, with a posture almost sinking into the chair. She never reclines. Never relaxes, never unclenches. Her frame, birdlike in its fragility, is at the same time profound in its rigidity as she cradles over herself, keeping herself together. Her body's image reminds me of the claw of an eagle – small, clenched, delicately beautiful but fiercely expectant and always ready to fly from danger, or towards it.

She is kind to me, grateful, complimentary always, apologetic in the extreme. Her voice at times moves away from her control, becoming louder, more fierce. Once she catches herself in this moment she seems to recoil in fright of me, or anger with herself, and she apologises, perhaps to restore something lost or threatened or destroyed by her voice's fierce tone.

Sylvia's telling of her story feels intense and searing; there is a sense of emotional immediacy as the past becomes lived through her narrative and her body's expressiveness. Her tearfulness as she tells of the atrocities through which she has lived, her twisting face, her clenched and shuddering hands, her hunched back and bloodied eyes, convey all the weight and horror of her experience; it is as if she is living on my couch the story she is telling.

Sylvia's anger, her rage, reeks from every pore; she is aglow with it, and I am entranced by it. What amplifies this rage, making it all the more frightening, is the forcefulness with which she seems to numb it, control it; disavow herself from it until it shoots out of her story like a bullet, and bores into me. It is in these moments that she seems most shocked by herself; perhaps disturbed by the intensity of feeling that has escaped from her.

Sylvia's story pours from her in a broken, disjointed and unclear fashion. The story, the memories which it holds, feels fragmented, and indeed Sylvia tells of this in her own sense of the time through which she has lived. In her descriptions of her childhood Sylvia's memories seem to hold blunt images; vague reminiscences of receiving nurturance in a way which seems somehow broken off from experience: almost as if she were not alive to her experience. She describes being "breastfed by this big fat dark lady". The anonymity of this experience, the emergence of the breastfeeder in darkness, echoes again and again in Sylvia's descriptions of her connections to the people in her story. In terms of her recollections of her mother there is an enunciation of physical sensation, and a silencing of her mother's emotional and relational presence. Memories are shaped by their physical sensations – sounds, smells, touch. She describes her mother as "loud", "raw", and as "always having a smell, which I now recognise as alcohol." This attunement to the world of senses, connect with a defensive readiness in Sylvia, which she seems to carry with her in her relationship with her current world:

"When you're a little child you know the sounds, you know the shadows, you know the smells of the day, you know what time it is. You don't need a watch as a child."

Sylvia's emphasis on remembered sensory experience connects with a way of narrating lived experience which is more fundamentally imagistic than linguistic. Her recollection her mother's suicide leads out the following description:

"I didn't know what happened, and I was covered in blood. My legs were full of blood, my toes, my toes were covered in blood. I thought they would never ever come out again."

This image of the blood covering her toes, and the fear associated with it, namely that her toes would never be cleansed of their bloodied state, reflects for me an innate awareness of the enormity of the event of witnessing her mother's suicide, and the endless despair and horror which this witnessing may foretell. The remembered image of the blood on her toes, her mother's blood, for

me reflects Sylvia's sense of the ways in which that blood has in fact remained on her; it moves with her, and indeed it moves her. All the horror, confusion, anguish and loss seems captured in the bloody stain; a stain which has stayed, and forms part of her image of self. We see in Sylvia's story that the image of blood, and the associated fear and anguish, moves forward into her lived experience; it accompanies her, like something embodied.

"But I always saw the blood. And when I started menstruating at 16 it really scared me. I thought oh my God. But then they explained "no that's normal, it's a woman thing" (used a fairly harsh tone here), and uhhh, nobody tells you anything when you're a child in the 60s."

What feels significant in relation to the moment of witnessing her mother's suicide is Sylvia's consequent entry into mutism.

"And I couldn't talk to her. I couldn't cry. And, I had lost my speech, I could not talk. I just couldn't talk."

This inability to speak out what had been witnessed, what had been survived, lends to my appreciation of Sylvia's quite fundamentally disrupted personal narrative. The experience was incommunicable, and it continues to be incommunicable in certain ways. It can be told, but only in a way which is broken, unlinked, or shattered.

Beyond being a reflection of a vacant, or at least incoherent, narrative, Sylvia's entry into a mute state seems to reflect her own awareness of there being no suitable other to whom she could safely entrust her experience. In her statement "I couldn't talk to her", Sylvia is actually speaking about her mother, after her having committed suicide. She is saying that she couldn't talk to her mother about the tragedy which she had witnessed, which was her mother's death. I understand this primarily as a reflection of Sylvia's desperate and disrupted need for containment at this moment. She could not relate to her mother her deep distress; that distress could find no home in the holding arms of a mother, or another. At this point she was most fundamentally alone; communication was disabled, and the possibility of being supported, being seen, in her total distress, was vanquished. In this we see the interpersonal context within which Sylvia's disabled narrative exists, both at the time of the traumatic, and now. At the time of its occurrence, the event was not languaged in an interpretable manner, nor was it reflected by the empathic responses of a caring other. Instead, it was disallowed entry into the formulations of language, relationship and compassionate embrace.

Sylvia's anger with this was voiced in a statement which reflected also a developmental rupture in her self concept:

"We didn't get any therapy for what happened. We were told we were too young to understand. And I think that's what really pulled me into reality. I realised that grown ups know *nothing!* about children, nothing! They don't even know we have brains. They don't even know we can hear them speak or what they're doing."

Sylvia's identification with her own childlikeness is reflected quite powerfully here, and I feel it echoes her current sense of dislocation in the context of adult relationships. As a child she existed in relationship with adults who knew nothing of her, and imagined she knew nothing of them. As an adult, she upholds that childlike way of being, maintaining a sense of herself as tiny, playful, girlish, and removed in some way from being as an adult.

The primary stressor in Sylvia's adult life has been, for her, her role as mother. We see Sylvia's entry into motherhood as an experience defined by confusion, helplessness, and powerful anger.

"But I'd never ever had a family in my life before. I didn't even know what to do with a small baby. I didn't know anything. I didn't even know I was going to fall pregnant. And then constantly I had the clinic sisters come and see me to help me with my little girl, because I wasn't coping, I would just breast feed her breast feed her breast feed her every time she cried I'd just breast feed her. But I was always angry with my little girl. I was screaming at her to stop crying and ... you know it's the guilt ... you don't want to hurt the baby but you're screaming at the baby or you're ignoring the baby".

In this passage Sylvia portrays her remembered lack of understanding of the role of mother. Having been deprived of the relationship in her history, she feels she does not know the essentials of relating to a child as a mother. Within this state of helplessness, despair, rage and guilt, Sylvia seems to progress through motherhood, at this stage at least, as an automaton. She breast feeds and breast feeds and breast feeds. This interchange between mother and child is described here as something bereft of care, intimacy and intuition. It is an automatic response that seems to be intended to silence her child's cries. In this we perhaps see initial indications of Sylvia's difficulty with tolerating the distress of her child, and moving away from that distress by silencing it, on the one hand through near compulsive feeding, and on the other, through screaming or ignoring her baby.

Another element of Sylvia's memories of her role as mother, in the early stages, is that of her desire to reclaim her lost womanhood. In the passage to follow we see Sylvia's recollection of the feces and vomit which came from her child; specifically her feeling of needing to clean the vomit off.

"And I said, 'why is it so important? If you've got to live with a man, and you can't have sex with him, and you're going to have a baby that screams and cries, you got to clean its dirty nappy wipe the fetus (didn't say feces), clean the puke off you. Why can't we have pleasure. Why must it only be that?'"

The memory of the viscera feels important here. When thinking about her child as an infant, it is vomit and feces that comes to mind. In the same way perhaps, her mother's blood covering her toes frames her memory of witnessing her suicide; in both instances Sylvia needs to cleanse herself off; the blood, the vomit, needs to be wiped away. It seems the deep colours of the blood and guts of the experience emerge in the foreground, with the softer shades of emotion and relatedness being paled over.

Sylvia's remembrance of her relationship with her child seems to be one cast over with guilt, almost shock with herself. In the following passage we see the near-exact repetition of relational themes surrounding invoking fear in her children, being aware of a powerful sense of guilt but feeling unable to control her anger. Importantly, Sylvia acknowledges feelings of guilt, and recognises the repetition of her own mother's behaviour.

"Most of my life I've just been reading and trying to work out how I can make it right with the children. I'd wake up in the morning and I'd be completely out of control. Never focused. Just angry, from the moment I wake up, even though at night I lay their breakfast out and cut it, so that I wouldn't have to put them through that trauma. But without fail I'd still wake up and I think it's the guilt of screaming at them ... and I never forget, I said to my son, "why are you crying like that", and he had to get to school, he had half an hour to leave, and he said to me "mommy because I can see your tonsils when you're screaming at me", and it shook the living daylights out of me,

that I was traumatising my children the way she traumatised me for that one year ... Arh, I'm talking too loud, I'm sorry (said in a whisper).

In thinking about this passage I wonder what the children's recollections are. How did they understand this furious, hateful, frantic behaviour? Do did they make sense of the revelation: their mother's tonsil revealed in a moment of fury? The images which constantly emerge in Sylvia's narrative, of blood, viscera, feces, vomit, tonsils, these images of a body agonised, a body drained, a body exposed, lead me to wonder about their place in relationship between mother and child. They are images which are laden with symbolism, and I wonder, did the children grasp this? Did they have a sense of the ways in which fear, agony, fury and guilt lived in their mother's body, in her breast, in her hands as they wiped away the shit.

The anguish in Sylvia's narrative rises to extremity in her telling of her first experience of sexual abuse, which occurred in early adulthood.

"Suddenly there was a fight, and this friend of theirs (Sylvia's sister and husband), he tried to first grab my baby from me, and passed the baby to his sister or someone. And he just dragged me into the bedroom and I started fighting him back. And he beat my up to a pulp, and then he raped me, and he tried to drink the milk out of my breasts. And I just, I just called to the blessed mother to please come and help me. ... (taking deep breaths). And I opened my eyes, and there was a mirror, and I saw myself. And I saw this white light. It was framing around my head to my shoulders. And then his sister came in and brought my baby to me, and I put him back on my breast."

So much in this memory is horrifying. Being beaten, being fundamentally violated, and having the bodily centre of her motherhood, her breasts, drained. The image of the abuser's drinking from Sylvia's breast, followed closely in her narrative by the return of her baby to her breast, reflects a moment of complete over-inclusion: Sylvia's baby enters the location of her violation, sharing in it, witnessing it in an acute and horrifying way. She speaks of being beaten to a pulp; a bloody pulp. Sylvia's child's encounter with this moment feels reminiscent of her own witnessing of her mother's bloodied state. Again here the memory is connected with a bodily stuff; an internal something which leaks out and covers the outer self. These images reflect strongly in Sylvia's narrative, and they feel central to her construction of experience, past and current.

In terms of constructions current and past experience, it is important to observe Sylvia's tendency to discard from her personal narrative those elements which are more painful to hold in awareness: "I never looked back. I didn't ever think of the death of my mother and the strange way I was brought up without a family."

There are various ways in which Sylvia's tendency towards a dissociative response style emerges through her story. On the one hand, as noted above, it shows through her disavowal of past experience. On the other hand, it manifests in what feels like a cultivated deadness in her current relationships

"My children were traumatised by it, cause my daughter was already going into her teenage years. I was about 34. Right up to 47 I smoked mandrax, marijuana. I drank. Mandrax – it makes you salivate a lot, then your ears go strange then you vomit. Then you pass out. Part of my life was one big haze."

Sylvia's drug abuse, which seemed to intensify when her children were very young, is conceived of, and indeed described, as a kind of deadening of self; becoming enfolded in a haze of strangeness, vomit, distracted estrangement and unconsciousness. Sylvia seems acutely aware that her children were "traumatised by this". The extent to which the children, as adults, are able to recall this time, and the associated feelings which it arouses, needs exploration.

Now turning more explicitly to the role of dissociative processes in Sylvia's narrative, we see her description of the effect which the communications during the research process have had on her processing of her historical narrative:

"And then I started dreaming again about her, taking me with her to the railway line and I've been, really ... since I spoke to you I've been so wrecked. I can't believe she did that. I wanted to kill myself a thousand times, but I couldn't, because... maybe I'm a coward or maybe I love my children so much, or maybe my husband is so important. I couldn't leave that kind of whole. And after that everything started coming back. I couldn't get rid of the dreams. I can't get rid of the thoughts. I can't do it. I could do it when I was young. I can't get this feeling away from this. This feeling of being violated. I always been used to let it go, and now it won't go."

Sylvia's attempts at concealing from herself and from the other the agony of her childhood experience has remained relatively intact, and she seems to have succeeded in silencing the story. It does seem now though that there is some kind of motivation inside the narrative to speak itself

out. As if it must be heard. The theme of self-destruction seems to play an important function in terms of Sylvia's silencing of intolerable strains in her narrative.

"I self destructed to hide away from, I don't know, I just didn't want to face what happened. And the reason why it happened. If I just stayed at home and didn't go anywhere none of this would have happened. Maybe I should have become a nun...."

In this we see a killing off of the self, or of aspects of the self, in an attempt to disengage from the part of the self that was tied to, or oppressed by, traumatic rupture. A killing off of those aspects of self which invoke traumatic memory. Together with Sylvia's substance use I view this process as a kind of motion towards a psychic death. There is the creation of a no-thing in Sylvia; an absence or disavowance. There is in relation to this a powerful split in her conception and experience of self.

"I would lie to my children, I would lie to my husband. I would steal money from the bank. Anything to get drugs or alcohol. I was self-destructing. I was doing that to myself. I was killing the real Sylvia. I was showing another kind of person. The real Sylvia is not a violent person. She doesn't swear and scream. She's not like that. She was never like that. And so I just started feeling well "she got away with doing and saying horrible things to me, I can do and say mean things too. When I passed through the self-destruction part I didn't even think about it, I just let it go, you know."

Sylvia describes what she feels is her badness here, and suggests that it is this aspect of herself which she reveals to others; to her children. In this differentiation of a badness in her, a violence, there is a simultaneous acknowledgement of a historical self, who does not appear to have a unique identity, but is conveyed rather as something opposite, contradictory. The real Sylvia doesn't seem to be fleshed out here; she is defined in terms of her not being the bad Sylvia. This process I am approaching initially in terms of an introjection of aspects of Sylvia's mother. Out of a complicated and ambivalent desire for some kind of attachment with her lost mother, Sylvia is seen to incorporate her into herself. She enacts her mother, or her memory of her at least. It is Sylvia's feeling that her children were aware of this split in her, between her real self and the bad and violent version of herself. I would hope to work with their memories of this split, and their memories of feeling states which may have emerged at the time.

The relationship between Sylvia and her traumatic memories is a specifically defined one, and is one which shows quite clearly the nature of the hold which traumatic memory can have on the development of self.

“I’ve been really killing myself, slowly; my real person. Not my body, but my mind. And now I’m in this place and I just cannot even, I can’t even enjoy music anymore. When I sing I start crying. I’ve put myself in this place, and I’ve destroyed my character a lot. The Sylvia that I knew, that I was comfortable with. And now I feel that my name doesn’t even go with my character. I feel that I’ve imprisoned myself in these past thoughts and feelings. I just can’t let it go. I’ve never thought about them in my whole life and now I can’t stop.”

Sylvia quite eloquently describes the experience of imprisonment in the memory and the constriction which this implies in terms of the memory’s shaping of the character, the self. Sylvia sees herself here as constituted primarily by the memory of rupture – to this extent her current existence lies in a dead space – memory that was discarded from the personal narrative, lost its vitality and its life, is now emerging and enforcing its place – the memory, in its deadness, is now become a place of imprisonment which constricts Sylvia’s capacity to feel.

Reflections on particular quotes:

I felt the degradation and the humiliation. It felt so dirty. – disruption of a capacity for physical intimacy through over-identification – confusion of touch – the hug is likened in its sensation with the experience of being held by a perpetrator – being held, as well as holding, appear here as symbolic representations of humiliation, degradation, disgrace.

Do I have to hear the nastiness, because it’s going to bring it out in me, even worse. (again the of identifying with, absorbing and enacting the anger in another – it seems here a defensive tactic) *So um, ... I don’t know. I don’t know if it’s because he’s got a girlf (didn’t finish the word) he’s just not as loving and warm as he used to be. He used to make me laugh. Every day I would laugh. I don’t laugh anymore.* (Sense of distress at the son’s attachment to another woman, and an indication of the degree to which the son was experienced as being present for the sake of meeting the needs of the mother... narcissistic mothering)

And he said to the other person, "oh, we're probably going to get married in December." And I just ran. I could not believe my son had not told me that they might be getting married. It just cracked me. I just wanted to die. Then I felt well, what's it going to do. It's going to make me feel worse. The thoughts are going to come back. – What thoughts are going to come back? Thoughts of the trauma of separation perhaps? It just cracked me.... Her son's separation, his affiliation with another woman, his secretiveness have the effect of rupture, the tear into her, crack her open, reveal her wounds and expose her to painful thoughts

I miss my son and that's why I'm not getting close to him cause he's going to go again. Fear of imminent separation causes her to distance herself to protect against the pain of the separation. And yes I am being quite hard with him, but it's because I know when he goes he's going to be gone for ever. For good. Will he be dead? Is he taking himself away from her just like her own mother did?

Um, I used to wonder does James know. My kids knew I was doing it. I hid nothing from my children and everything from my husband. They would even lie for me. I taught them to lie for me. That was sick. That was something a mother doesn't do. (Over-inclusion of the children in the mother's experience; making them responsible for certain aspects of her life and her own adult relationship.)

I'm like a closed cocoon. I just can't crack that,, I can't crack it. emotionally cut-off; unavailable; removed; imprisoned; isolated and alone; unable to see outside or to be seen; unable to be touched – the role of sense evaporates in this disconnection – no thing can be sensed when Sylvia is in the cocoon – she becomes a no thing – she is entombed in terms of her connection with the outside world, alive only to herself, and only minimally, and dead to the world and others

Appendix E

Examples of creative writing

Appendix E 1

Margaret's poem

Five stones

Pebbles and the sea
Symbiotic, like you and me
A balance of nature
Ignoring a dichotomy of stature.
Smooth and rounded
Relentlessly pounded
By a gloriously raging sea!
A memory of simpler times
A recreation of childhood summertimes
Mom sitting on the sand
Dad, diving beneath the waves
Or on the recorder
Playing our favourite raves.
Sadly some memories remain
Forever a thing of the past
Moving on a necessity
The time has come, at long last.
Life will be lived, from day to day
Like the endlessly breaking waves
Taking their turn at the shore
Of this I am most sure.
Arniston, a worthy vision
To a special few the Lord has given
This little bit of heaven.

This highlighted image conveys Margaret's sense of the impact which her environment has had in terms of shaping her. The aggressiveness of the image is important, and the ambivalent nature with which it is treated – the relentless pounding of a gloriously raging sea – there is cruelty in the image, but glory is used to describe it – I am considering this in terms of Margaret's ambivalent relationship with her memories, and with her own suffering. The theme of dichotomy as a narrative style feels important here.

Appendix E 2

Toni's short story

Rites of Passage

What a mess! Blood soaked panties lie in a twisted roll at my feet. Red smears stain my legs from thigh to knee and the white toilet seat carries the mottled impression of my buttocks. I pull the last piece of toilet paper off the roll. No way is it going to mop up this mess!

So much blood, yet I am not dying, not even feeling ill. I am mortified! What is my body doing? I've experienced childbirth and a miscarriage with less blood than this! Listlessly I sit back on the toilet and let my menstrual blood flow free and turn the water pink.

The voices of my brothers drone on outside the bathroom, suddenly drowned out by a loud crack of laughter. We are here for a party after all, yet I am totally distraught, feeling like an eleven-year-old girl again. Kevin, my brother, best friend, and tormentor sat in the front passenger seat of my father's Humber Hawk while I lounged in the back. We had been to the London Motor Show, and now, close to home, we waited in the darkened car park as my dad ran into the pub 'to see a man about a dog'. From the sofa-like back seat I could just make out the silhouette of Kevin's spiked hair standing up, defiant and resolute after a quick-home haircut. We ate plain crisps, drank lemonade from the bottle and told each other scary stories. A day out with Dad - without our mother or five younger siblings! Just the three of us!

The occasional car crawled in, yellow headlights sweeping like searchlights, illuminating beads of moisture on the dark bodies of parked cars. Dad came running back towards the car, his warm breath forming pockets of misty air. I shifted on the back seat, feeling wet and sticky around my bum and sure I had spilt lemonade on myself.

It was late when Kevin and I, over-excited, barged into the kitchen. Like conquistadors replete from adventure, pioneers having forged new frontiers. We, my brother, father and me, we were safely home from London!

Angry and discontent at our late return, Mam stood solid with her arms akimbo. For once Kevin and I didn't care! Too much adventure, junk food and lemonade had made us wild! We danced and pranced on the scuffed vinyl tiles between the deep freezer and the Flatly clothes-drier - kicking up our legs and laughing.

'Do it again,' my mother said looking at me, as exhausted we finally slowed down. Happy to have mother's attention, even under her mordant eye, I danced once again and then sped off to the bathroom to empty my bursting bladder.

With one tug I pulled my elasticised cotton trousers down below my undeveloped hips, then with relief perched on the cold toilet seat. I looked down and saw blood. Lots of it! It had seeped through my panties, soaked the trousers, and then, like a Gestalt inkblot, spread across the seat of my pants.

What was happening to me? I had survived 'the Curse'. I had 'had My Period' just the previous month. I thought I was dying as my mother covered her chagrin at my premature downfall with a nefarious laugh. I was shocked and also ashamed to be bleeding from 'down there'. Traumatic as the experience was, the bleeding had stopped and I had gone back to being a Tom Boy - not knowing that in 28 days, it would return.

Why was it back again? Surely something so terrible only happened once in a lifetime? A shadow passed over my soul. My mother had seen the blood as I danced with uncharacteristic abandon in the kitchen that night. She had gloated over it. That was my first and last day as the young Artemis at play and I would never again feel such joyous abandon. I had moved from girl-child to

womanhood with my father and brother as my guides through an unacknowledged rite of passage. A passage through a never-to-be-repeated-or-forgotten road trip, where my father, for the last time, held no distinction between my brother and me.

That night I learned that the blood would come back - to date, four hundred and thirty-one times. Yet today, thirty-seven years later and sitting on a stranger's toilet, I am again strangely devastated by its arrival and feel sure should my mother learn of it she would, again, surely relish my distress.

I had been emotionally exposed and then emotionally abandoned at eleven years old and I feel exposed and alone again now at a West coast holiday home as I prepare to celebrate my parents' Fiftieth wedding anniversary.

I call for Helen, Kevin's wife, shouting above the music and social chit chat – 'Helen. Helen help me!'

Like a determined sheep dog Helen soon rounds up the women. She busies herself, finding toilet paper, soap and towels. I am served hot sweet tea in a Wimpy coffee mug.

My sister Julie, just recovered from a hysterectomy, sits Baubo-like on the mosaic step of the shower stall and I laugh as she bravely shares her menstrual misdemeanors. Like the biblical gifts of Frankincense, Gold and Myrrh, my nieces present a plethora of pads, panty liners, tampons, painkillers and other feminine protection. My youngest sister Sarah thrusts a box of super tampons into my hand. Her husband has dug them out of the glove compartment of their bakkie for me.

There is no shame - only love, laughter and support.

Tamsyn, my own daughter is pregnant. Thanks to 'the curse', to life's ebb and flow, by the next full moon I will be a grandmother. From Mother to Crone - another rite of passage. One that demands acknowledgment – a shedding of skins. In this case, my uterus lining!

Eventually I go outside.

'What took you so long?' Dad asks.

‘Oh, I had to see a man about a dog,’ I reply. Holding a glass of wine I sit on the low stone wall, sunlight on my neck and a warm breeze ruffling my skirt.

My mother, ever garrulous, stops talking and squints at me against the sun. With a grin I raise my glass; ‘Cheers Mam, to you!’

University of Cape Town

Appendix F

Examples of autobiographical data

Appendix F 1

Letter from sibling of survivor

My sister Rahel

I remember a time when she was ill with hypothyroidism; at this point no one knew what was wrong. We were walking together in our passage and she fainted. I remember helping her up and her using me as support to get her to bed. One of many fainting spells. Another time still with the same illness, her vomiting up blood and blood clots by the bucketful. I stood next to her in my (our) mom's room, getting the bucket for her and helping her empty it. I didn't know what was happening to her; I just stood there completely helpless.

I remember vaguely when she moved out to stay with our dad. She was 20/21 and she couldn't stand being at home. Mom and her argued a lot. I was very happy when she returned home. I could've been 12/13 years old. I remember Rahel always being there for me from a little girl, and still today, at the ripe old age of 40. she was and still is my protector, my friend, my sister and my mom all rolled into one. When I was young I found I had to always be with her. No matter where or when. I depended a lot on her. Even through adulthood she helped me through so much, always helping and advising me. I stayed with her for 2 years after our/my mother passed on. She really took her motherly role seriously, where I was concerned. Rahel got married at 24 years, and I have never seen Rahel so happy or our mother so proud of her. Rahel positively glowed on her wedding day. I did feel sad when she left, but as they say, life goes on. There I was at 16 years trying to fill in the gaps of what Rahel used to do. Cooking, cleaning, washing and ironing my brother's horrendous white coat for hospital. I remember my mom saying Rahel looked like a princess, and yet Rahel chose to wear a plain design for her dress, so as not to stand out too much. It had the opposite effect.

I remember a time when I did ballet and I simply did not enjoy it. Who came to my rescue but Rahel, telling my mom so boldly that I was not happy and she should stop forcing me to do what I did not enjoy. My ballet lessons came to an abrupt end.

My sister is always there when one needs her. I think she feels responsible for me. When I tell her I'm fine she still triple checks.

Prior to Rahel being diagnosed with hypothyroidism I remember both my parents saying she was lazy and pretending, because she slept all day and was terribly lethargic. My mother being a nurse, and my dad being a doctor, how could they be so wrong? And if one has to look at pictures of us growing up it was clear that Rahel was hypothyroid. A strange thing, but our mom might have been hypothyroid as well.

When I became a young lady at the age of 12 I didn't know what was happening as my mom had not explained anything to me. My sister so kindly took me into the bathroom, and in her gentle way explained things. She could probably see the trauma written over my face. Once again she took over the role of mom.

All of us suffered greatly in our childhood. Growing up was tough, but I was glad that I had my sisters and brother to cave and look after me as they still do to this day. Somehow we became each others friends. We could talk to each other; listen to music together, play games together, and just provide some sort of support; as young as we were.

I look up to my sister a lot. She and her family have provided me with a lot of stability in my life. I see them as a normal fully functional family; as one should be. She will be married for 24 years this year, and I am amazed at how determined she was and still is to make her marriage work and conquer the odds. My brother has suffered greatly in friendships/relationships, and yet Rahel was the light that shone, and brought hope to us all. Gosh, childhood was crap.

My sister think I should be in therapy, but writing my feelings down is therapy enough. Rahel, I'm fine!

Appendix F 2

Written correspondence from participant

Email from Rahel sent on 09/10/08

I really do not mind if you press me to write what is of interest to you - it would help actually!!!

You probably know what I identified with from our interactions let me know if you are surprised at anything!

1. The helplessness and terror p.34
2. The intense emotion although no memory of the event or every detail but no emotion
3. Hyperarousal p36 Sensitive to noise can take long to sleep
4. Intrusion I need you to explain this a bit more
5. p45 Constriction in keeping traumatic memories out of my consciousness allowing fragments to emerge as intrusive symptom .Feeling powerless, in a state of surrender
6. p52 Feelings of abandonment feeling utterly alone losing sense of self
7. p56 Withdrawal from close relationships and desperately seek them at the same time
8. p.58 Resilience
9. p. 63 Care and protection felt this through MSA.Parker and Hendricks families friends as a young adult

Robotisation

Deviation - I am and have always been very trusting often to my detriment

10. captivity

Apparent normality of perpetrator not perceive anything wrong with her contemptuous of those wishing to understand her

Authoritarian, secretive,paranoid,goal to create a willing victim.

My hope of a kind word or a meal with everyone

Total surrender Betraying human attachments I remember telling on my dad once to curry favour

Submissive,compliant.I don't remember being continually hypervigilant,anxious or agitated but I must have been!!

Solitary inner life

Can you explain the 'doublethink' concept more fully please

Chapter 5

Feelings of nausea and increased heart rate with memory
Environment- petty rules, isolation, secrecy and betrayal
Frozen watchfulness
Always trying to be good
Family socially isolated
Dissociative states
Connection between severity of abuse to degree of dissociative states I can't really comment
maybe you can help me here
I do not remember feeling an inner sense of badness
Empathetic caretaker, efficient housekeeper, academic achiever, model of social
conformity, prematurely forced competence led to occupational success
Lack social and verbal skills to resolve conflict
Long for care and nurturance
Highly idealised image of my dad
External sources of comfort- mainly school when younger. ballet. piano. spanish dancing drama ,
friends
i don't remember becoming attached to strangers I know as a young adult that people became
attached to me!! The 2 families I spoke about wanted to adopt me!!!!
I need you to explain "fragmentation " more fully
State of confusion, agitation, emptiness and utter loneliness
Self injury-banging my head on the wall in my room-
p 110 as adult lack in self-care and memory
Intimate relationships driven by hunger for protection and care only expect this from My husband
Ordinary interpersonal conflicts provoke intense anxiety and depression not rage really
Minor slights provoke past experiences of neglect and cruelty -not always minor slights quite
major ones- led to difficult relationships esp with My husband and his family
Vulnerable to repeated victimisation -often happened within and outside of my home people
taking advantage of my good nature
Psychic numbing, self-hypnosis, dissociation, extreme passivity and outbursts of rage (so seldom
though)

Could you explain 'transference a bit more and the counter transference

Recovery - I will empower myself and reconnect!!!!

Have to go hope this helps have to take My husband mom's sugar and blood pressure

Regards

Rahel

Appendix F 3

Written correspondence from participant

Email sent on 12/11/08

Good morning, Bruce

This is more difficult than I imagined it would be! It may have been easier to speak about it rather than writing.

To remind you, I am 48, Hassan is 46, Shaheed is 45, Fazleh is 44 and Yasmin is 40

Reading these letters have left me feeling particularly low with even my usual outlets not helping- reading, music, handwork and walking - I just want to creep into a hole and stay there - I have fought against this and have been functioning as usual!

I have realised that for all their input, my siblings' experiences still do not cover the full extent of mine and this, of course, leaves me feeling more alone than ever and having to deal with the memories on my own ultimately! I have let My husband read the letters which left him in tears and he response to me is that I should see Eugene whenever I need to - I did see him twice last week but I am so worried about becoming too dependent on him coupled by the fact that speaking so much about myself is a new experience and I am not always comfortable to do this so often!

What surprised me particularly is the role I played as mother to all my siblings and how I was 'the pioneer in asserting all their rights with devastating consequences' (Shaheed and Yasmin) - hair being pulled and head being bashed against the wall (which I still do not recall) I was an authority figure. My illness seemed to stand out for all of them and Yasmin remembers helping me when I fainted but does not remember me being kicked conscious because 'I was pretending to be ill' She also remembers me bleeding literally bucketloads of blood and trying to help - I remember being transfused at Woodstock hospital!

What also stands out is how powerless they felt and scared to help me and for Hassan and Shaheed how it formed part of their worst experiences of our 'Crappy Childhood'(Y) and the 'living hell' (H) which all of them attribute to both parents

Y and S remember how proud my mother was of my achievements dance, drama and music particularly and they try to rationalise my mother's behavior and even say that she had her regrets etc etc. Both of them were quite philosophical about the need to move on and support each other.

I was also surprised by the feeling that our interaction with each other saved all of us in a sense and we have very good memories in this regard. Shaheed gave some incorrect info and I need to correct this. All feel that we should get tog and talk through the experience as they feel that they may have blocked some of the really bad memories. H wondered how I coped and Y now as an adult is amzed that I did not land up in the "loony bin". She expresses my determination in everything I do and feels that I give too much and this has to come to an end bec of my health. She feels that all of them struggled with relationships -2 are divorced- but I have persevered whatever the odds.

I was not aware that they could not ever mention the word "mom" in my presence and they are happy that I can now talk a bit about her even fondly acc to Y. Y is very shocked by some of the stuff I have been telling her and wants to explore this with H and me.

Our isolation, my illness and my moving to dad all had a major effect on all of us. S remembers me turning blue out in Christiana while on camp and having to fly back to CT

Hassan's letter was the nearest to my experience, left me feeling deeply emotional and upset that he suffered so much and because of how I was treated. He said that he felt 'emasculated. we had a quiet absent father and an emotional mother. felt humiliated when had to give in, her total absorption with us, her attitude to me was irrational and without foundation the worst being powerless to do anything to help" 'There was a sustained negative relationship between you over many years and at that time did not know how you could cope with it'

I often have doubts about whether all this did occur and, after Herman, this i suppose verifies it. I have some sense of relief but also the effects that I have described in my first paragraph

Will continue this letter later going to a talk on menopause of which i know nothing!!!! Maybe you can forward some more questions after reading this

Rahel

Appendix G

Themes from Analysis of M and AC narrative

Rahel themes (M1) and Sofie themes (AC1)

Theme	Mother (1 st generation)	Child (2 nd generation)
Retreat	<p>I just want to creep into a hole and stay there.</p> <p>I retreat. I go into myself and experience that alone you know, the feeling that I felt then. Um, and then the other memories, there weren't too many. I was so badly hypothyroid I used to faint, and my mother used to kick me up. I sort of half went, I didn't want to go there fully, I couldn't go there. I can talk about it, academically almost, and then I can also go into the memory. I think though how normal is this, and is it okay to be able to do something like that?</p> <p>I just know that when I feel angry it's overwhelming. It overwhelms me. But it doesn't come out. Okay I do feel, and I do feel it quite overwhelmingly, but I can't express it. And there are times when it all just comes out quite violently. I don't see it as dissociative. Um, and the way I deal with it most times is that I would withdraw, you know. Maybe it's because I'm scared of myself.</p>	<p>I suppose it's a bit ... exposed, like I don't really like people to see what I'm doing all the time. I suppose I would spend time in my room, more time in my room because it's more private.</p> <p>I just want to get away.</p>
Disruption of capacity to feel	<p>What concerns me a little bit is also the lack of emotion, you know. I felt angry last week, and so on, and nothing really. I played the piano and tried to read, and nothing really helped. Just to get me to feel a bit more, because I feel that need to feel, and I struggle to get myself to feel deeply.</p>	<p>UM, ... I suppose like what I feel is sort of like ... (mumbles, I can't hear what she's saying) ... but sort of like uh, like my heart, like like you know I get like a shock, and I sort of just don't want to feel it anymore.</p> <p>A – Ja, like I feel like attacked almost, I don't know</p> <p>B – And if you're feeling attacked? Are you aware of your emotions at the</p>

		<p>time?</p> <p>A – um, I don't know, like I don't but like, I suppose if I was feeling like I was being attacked I would feel frightened, but I don't really feel ... scared, I just like ... I ju ... I don't feel mmmmm.</p>
Sense of isolation	<p>As a child I remember, during periods of isolation, I would beg my mother in my mind to speak to me. This would be done without looking at her as I was so scared of her, especially her eyes which were really hard and cruel! I find this memory very very painful!</p> <p>I met my husband on campus. And it was okay, it's been a very difficult 24 years. I would have just fallen into anyone's arms; anyone who just cared. 'Cause I just felt very alone. From a very young age I just felt alone, like I didn't have anybody. I still am to a certain extent like that. I'm on my own. It's very difficult for me to ask for that sort of nurturance.</p>	
Silencing	<p>And then the other thing was that you could never, communication-wise, you could never, you were told whatever happens in this house never gets out. I was extremely scared of her, I remember that too. And I would never, none of my friends, nobody ever knew in my life, with respect to what I was going to domestically.</p>	<p>I don't talk about everything, cause there are some things I don't really want to talk about.</p>
	<p>I am sensitive, and sometimes I ... the whole secrecy thing, which was obviously started by my mother. You couldn't breathe a word out of the house kind of thing, and just continued you know, that secrecy part as well.</p>	
Embodied experience	<p>I became hypothyroid ... and everything just collapsed. I displayed all the symptoms of hypothyroidism. It's quite a surreptitious disease, and you could almost think it's sort of depression or stress. Anyway I reached a point where one day I, there was obviously some problem with my mother, because I just never</p>	<p>I feel extremely guilty. I get nauseous. Like a pit in my stomach.</p>

	<p>communicated I just used to keep quiet and do what I had to.</p> <p>All my illness is born out of this terrible stress that I've endured all my life. Me. Not my siblings. Not my dad. I'm sitting with all this stuff. And I resent it, I resent being diabetic, and hypertensive, and hypothyroid. I think a lot of what's happened to me has come out physically.</p>	
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Anne (M2) Themes and Jonathan (AC2) Themes

Theme	Mother (1 st generation)	Child (2 nd generation)
Concealment and silencing	<p>Um, even though, after that I became quite a sullen teenager, without telling anybody. And I just had this huge huge secret that was buried so deep. Um... tearful... um, and when after that I had that bad experience okay, it passed but it never passed you know it never leaves you. It kind of just sits for the rest of your life. Even when I'm with my husband I'm thinking about that.</p> <p>I don't like to share things and then it gets put in my face. If I share a secret that's it. If anyone shares a secret with me it doesn't budge. Because I know what it's like, these huge secrets, the one especially, where I just freak every time I think about it; imagine him on top of me, or feel it.</p> <p>It's so difficult because the minute you go out your front door everything's just so secretive and so ... in you head you know, and you just resent everything, and you don't want</p>	<p>For me probably difficult because I love to fix things, and I'd love to be able to say here mom do this and it's fixed. It's far more complicated than that. Um, I've learnt to accept it. It doesn't worry me at all anymore actually. Even a little bit. Because I just feel that we all know now, and now that we know it's kind of less than an issue. So that when my mom does go down we know, okay she's down, and if you want a hug here's a hug for you. But there's no more of that secrecy. The secrecy was worse than her being down. Because if she's down now, let her be down, it's all part of it. But not knowing why she's down is worse than her being down.</p>

	to be there, and you do things with such resentment and such anger and such hatred, and embarrassment, and just all those words whatever I can find.	
Splitting off from trauma	<p>I blocked myself off absolutely entirely once I left that part of my life, I decided I've got a new life, I remoulded myself.</p> <p>So what I did was cut off a part of my life, and never ever spoke about it, told anybody. I never even told my friends that my mother had died.</p> <p>I just cut it off nobody sore nobody's going to know and I had huge anger at him and at myself for not doing something about it.</p>	
Intense affective experience (primarily described by Jonathan)	I must say it's been difficult for the kids because there's been a lot of emotion on my part, and they think it's because I lost my brother.	
Impact of intense affect on mothering and mother-child relationship	<p>I just did what I had to do. There was nothing much in me. I remember just being a robot. I can't say that I was, I would never hurt the baby, I just used to see that she was clean and fed and whatever, and I used to just went through the motions of everything, but I was dead ... I can't even explain it. I just went through the motions. I didn't want to be there. I didn't want to be anywhere. I didn't to be home. I didn't want to be .. be.</p> <p>I said it I cried I packed it away, which is what I do I'm a professional at that. Now I'm unpacking it again, which was my choice, so just bare with me, cause I can't bare with me. I feel that pain more than I do pain today. So I'm not</p>	You know there's the very emotional side of mom that was hidden, was hidden for years. That I've never seen before. And then there's the mother who every one loves. All my friends love my mom. So there's that one, is that the mask, well, that's who she is to us so ...

	<p>emotional with my everyday stuff, I'm almost, I reached a stage when I didn't care. I thought who actually cares? I kind of just walk away. Although I'm much more open, like with my husband. We talk about things and I feel better. He's not getting anxious because I tell him what's going on with me. I don't mean to be in bad moods, I just go into myself. I do that quite often; I disappear, I'm a professional at that.</p>	
<p>Displaced rage, related to trauma, finding expression in rel with child.</p>	<p>My oldest one, my anger used to come out until I realised that she was scared of me, and I decided right I'm not going to shout and scream anymore I'm going to make a concerted effort.</p>	<p>There's no other way of putting it. It was just, it was crazy. Um, I have no idea what the cause was; I can't remember. It was probably a lot of, I like to tease, and so does my dad. It was a lot of that. And maybe it was worse because it wasn't our home environment. Basically my mother would not stop shouting and stop crying. And I walked away from her and I turned around and it was just so much for me, and I just said "I want my mother back". She told me years later that that was actually a big turning point. Uh, the idea that her son wants his mother back.</p>
<p>Isolation (connected with compensation in her mothering – trying to create a sense of total togetherness for the family)</p>	<p>Lonely in that I had lots of friends but lonely in that the lifestyle was just very, I would look out the way ... apparently according to my brother we had a very happy childhood 'til we moved to Edenberg. It was like one day we all a happy family, my brothers used to walk to school and everything, and then suddenly we were all separated, you know. (crying at this point). So I think that's probably why I get like that you know. I don't know if I'm making any sense. You just get cut off you know.</p>	<p>Then it was bad ... really bad. Um, never, never like she wasn't functioning. It was bad in the sense that she would get angry a lot, um, she would get flustered didn't help, um, you kind of felt a bit alone there.</p>

	<p>We never sat round the table. We never sat round telling jokes, we never as adults had anything to laugh about. I've tried very hard to instill that in my kids, so I've over-compensated, they still come on holiday. We still all go on holiday together. They are very close. My kids are very close, so I must have done something right. I'm very glad they are like that. I think they quite cautious around me cause they know I'm quite sensitive.</p>	
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Margret (M3) Themes and Michael (AC3) Themes

Theme	Mother (1 st generation)	Child (2 nd generation)
Unemotional communication – related to disruption of a capacity to feel	<p>There was a feeling of, can a person say this about your mother, that she didn't like you? And I can't remember if she was drunk at the time, or not. But that I remember, I can't remember how old I was. When she was drunk she was extremely aggressive; very aggressive. She would physically fight with my father. He would defend himself from her. I remember seeing this. Now whether that happened or not I don't know I was a child you don't pick up on these things.</p> <p>This week I was talking to my sister about it, and the experience was very different. She tends to remember the way she felt, I don't know, maybe it was because I was younger, that to me it just, it was just my life. I didn't think about how I felt, at the time. But if I think now, there was this sense of being completely alone.</p> <p>I can tell you, I can given you information,</p>	<p>I think like, if I don't know about it, it won't affect me.</p> <p>It's about trying to make my life easier. So if I don't have to worry about something else then I can focus on what I need to.</p> <p>Everything that I thought was going to happen actually happened, so I'd like basically already dealt with that part. It didn't surprise me, or affect me as much as I suppose it would have, or I suppose it should have.¹⁷</p> <p>There's not much family issues that have actually gotten through to me that could actually affect me in a negative way. I mean the worst that happens in my house is me fighting with my brother, but that's normal.</p> <p>I really haven't been affected by anything that bad.</p>

¹⁷ Michael is speaking about his parents' divorce.

	but to try and figure out how you felt about it at the time, it sometimes goes away from you	
Concealment and hiddenness	<p>Women tend to do that. They offload and tell you everything about their life. Sort of intimate things that you, I know for a fact that I would not. And people tend to offload with me, which I find amazing, because I can't return the compliment so to speak. Um, I try to listen to them and I tell them how I feel. I enjoy listening to people's stories. They seem to trust me, but I can't seem to return the favour.</p> <p>It's very difficult for me to connect with people. A true connection, about really trusting someone, I don't have with most people. I can speak to my children within reason, without getting them confused in anyway, because I'm very concerned about giving them information that they don't understand.</p>	<p>My mother doesn't tell me much about that, so I just piece together what I can.</p> <p>She did say one time that her childhood wasn't good, wasn't really a proper upbringing. It hasn't really been a problem for me so I haven't really thought about it.</p> <p>Um, I think my mother tells me what I need to know. So I really don't look for any more information.</p> <p>I think she's actually quite good at protecting. There's not much family issues that have actually gotten through to me that could actually affect me in a negative way.</p>
Isolation and aloneness	<p>There was this sense of being completely alone. There was no connection with anybody, certainly not my mother. She was somebody that I avoided because of her moods.</p> <p>I know that I was, as a child, and as an adult now, very lonely, sort of very disconnected, there's a feeling of, um, solitude, in and amongst so many people.</p>	
Feeling of fear and wariness of her mother's mood	She was extremely moody and very aggressive. When we used to come home from school we used to be very wary when she got home because we used to be very concerned as to what kind of mood my mother was in, because it would, she could have been drinking, um, because the drinking sprees sort of started on a Friday, and might end on as Sunday Monday or Tuesday. Depending on what was happening. So in the beginning of the week you'd be a bit wary. The rest of the week she could be in an amazingly wonderful mood, or she could be <i>very very</i>	

	<p>angry!</p> <p>As far as possible stay out of the way. You behave yourself. You do whatever she wants to. And you try and get out of there as fast as possible.</p> <p>To me it's not something that I believe in or don't. with my kids I'd give them a smack if they never listened. You got a smack if you said something wrong. The rest of the time we had to just be wary of what you did. She in particular I think sort of didn't like Janine and me, I don't know why. Um, there was a, what was, there was this, sense of um ... how can I put it, that she she you kind a kinda wished that you weren't there</p> <p>When she was drunk she was extremely aggressive! Very aggressive. She would physically fight with my father. He would defend himself from her. I remember seeing this.</p>	
Diffuse, vague memory of a pervasively traumatising relational environment	<p>It was always like that. It was always like that. There was no specific incident that started it. My experience is that it's always been like that</p> <p>You got a hiding when you were naughty, if you did anything wrong you got a smack. Across the board.</p>	
Avoidance		<p>I basically just block it out, I don't take note. Try to just ignore it completely basically haha. Um, but then obviously when they together nowadays I try and not be there, so if I'm with one of them at a time it will be fine. Otherwise let me rather go.</p>

Toni (M4) Themes and Tamsyn (AC4) Themes

Themes	Mother (1 st generation)	Child (2 ^{ns} generation)
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Rejection of child – connected with original trauma	<p>Tamsyn was probably about 9 then maybe. When she got to that same time then I had a, as much as I wanted to protect her I had a rejection of her. I can't explain it, as much as I used to love her and hug her and hold her, I think when she got to 9 or 10 I just rejected her on that level. I couldn't hold her, lovingly or whatever. I think in retrospect it was this thought of like what is abuse, and what isn't abuse? Um, where do you draw boundaries? I sort of think it's almost like a rejection of myself at that age when I got abused, 'cause they forming, they just like little girls that are forming. So I was aware of that and I tried to not be like that but it just felt for a good while like a physical rejection you know like holding Jess or whatever.</p>	
Disruption of a capacity to feel - numbing	<p>I was sleep walking through everything.</p> <p>It was like I was in a vacuum growing up or something, and then I only became aware or started to feel when my sister was born. That was when I was 7, when my sister was born.</p> <p>I don't remember half of growing up, I don't remember half of being married and the social interactions, and I don't remember 'cause I think I was like sleep walking or something, and I think that just kept the damper on the rage.</p> <p>And I realised in therapy, it hurt more then, my writing hurt more than the memory of it. So there was this shutting down, and I don't know, I have a feeling that there was sexual abuse before I can remember. So I couldn't get angry or upset or anything. I was going through stuff in therapy, I remember my mother laughing, I was upset that day when that guy, their friend, grabbed me and gave me this love bite, but I was enraged, and I should have been enraged at the time, asking my mother what sort of mother are you and what are you doing? And I always tried to keep the lid on rage or anger. But Tamsyn saw it, because I just couldn't. And sometimes it was rage at her.</p>	
Disruption of communication – lack of communication re	<p>When my sister and I told her she just could not react to it she just said like "Oh", like oh it's raining or, you know it was that sort of response.</p>	<p>She was very open and she she was very direct with telling me of what had actually happened in her childhood. She didn't really go into details, um, you</p>

<p>traumatic experience</p>	<p>You cannot speak to my mother about this. She just can't get to grips with it, or accept it, and I see now there's no blame on her, I just think she was so overwhelmed and I think chronically depressed, and 7 children and I don't think she could come to grips with looking after us.</p> <p>After this Asian guy had sex with me, I remember leaving my panties on top of the wash basket because there was <i>stuff</i> in them, and I thought my mother would see it and then I don't have to say anything. I don't know if she saw it and ignored it. That was just part of the chaos. This huge mound of washing. And I could have left something out so clearly but maybe it got lost in the living.</p> <p>I have a feeling that there was sexual abuse before I can remember. Or some kind of abuse, but even if it was just emotional neglect but it made me shut down like, my whole life was just that. Ja so I couldn't get angry or upset or anything.</p>	<p>know, I mean I knew that there were a couple of incidents where things had happened, and even sometimes with family members.</p>
<p>Over-involvement, over-identification with child</p>	<p>I was too emotionally involved with Tamsyn. Maybe that's just what a mother does. It's just that I never had that with my mother, and I think that's what caused the confusion. The intimacy with Tamsyn, and how we think how we spoke, it was just like a fit, we just fitted.</p> <p>Incestuousness in a family doesn't have to be sexual at all; it can be <i>emotional incest</i> in a way. You just like wrapped up or locked in with somebody. I could see I was wrapped up with Tamsyn, there was this relationship that was sort of more friends than mother and daughter. You know it was like she was more of a comfort to me, and in that sense I see that you abandon your role as a mother in protecting or mothering your child because the child actually has to be a bit responsible for your emotional stability.</p> <p>Like I'm loathe to let go of Jess cause I feel like I'm abandoning her now. "You married David you must deal with it. I don't want to know." I don't know how to get that balance</p>	

	<p>between listening, or being supportive, or being involved in it, or cutting off totally. Cause I think cutting off totally is as bad as being involved in it. one way I'm not doing her favours, either way. So I'm learning that balance.</p>	
Feeling emotionally abandoned	<p>I had been emotionally exposed and then emotionally abandoned at eleven years old</p>	
Role-diffusion	<p>You know it was like she was more of a comfort to me, and in that sense then I see that I sort of, you abandon your role as a mother in protecting your child, or mothering your child because the child actually has to be a bit responsible for your emotional stability or feelings of whatever.</p>	
Displaced rage, related to trauma, finding expression in rel with child.	<p>She was never afraid of me. Um, I don't think. With the rage, she would just like, if I was enraged with her, like I would never hit her, I would just scream and shout and I remember once screaming in the car absolutely at the end of my tether, and I was just like screaming in the car at her, and she was just like sitting in the back of the car like waiting for me to finish. Um, ja and then I'd explode and then I'd go back and say I'm sorry, I'm sorry that she would even have to see that. And I think she's nervous because of it. I think she has an anxiety um, I think that could be something to do with it. Rage. And it's weird because like nobody else would believe that I had this rage. I said to Jess the other day, you know, if you start this process with Bruce, don't be surprised if you get angry with me. Because I'm pretty sure Jess must have lots of anger at me, and I said you know you may not want to talk to me. And she said you're the last person I wouldn't want to talk to. And I said to her you don't know, because I wouldn't know that I could feel such... when I was younger, you know that I could feel such rage, that sort of you, you know there's just like so many layers like padding on padding on padding that you don't even feel, or you're just so used to not feeling, that gee whiz when it comes back, or when you feel it, everything, it was just like this big black ball of vomit, or mess. I couldn't even sort out wat I was angry about. You know, it was just everything. And um, and Jess went through that, experienced it.</p>	

Sylvia (M5) Themes

Theme	Mother (1 st generation)	AC (2 nd generation – did not participate)
Behaviour linked with original trauma	My mother did it. She lied, she drank, she beat us up. Okay I didn't beat my children. It was the screaming that was worse than beating. I'd tell them to get the fuck out of bed. I'd swear at them and scream at them.	
Expression of displaced rage	<p>I was always angry with my little girl. I was screaming at her to stop crying and ... <i>you don't want to hurt the baby but you're screaming at the baby or you're ignoring the baby</i>. I'd wake up in the morning and I'd be completely out of control. Just angry, from the moment I wake up. Without fail I'd still wake up and I think it's the guilt of screaming at them ... I'll never forget, I said to my son, "Why are you crying like that?", and he said "mommy because I can see your tonsils when you're screaming at me", and it shook the living daylights out of me, that I was traumatising my children the way she traumatised me for that one year.</p> <p>I went through really fiery mad times bringing the two of them up, James was never really around to assist me, you know, and if I did go to them with a complaint I'd always get into trouble. You know he didn't see anything I was talking about. It was really hard. So basically I brought the two up on my own. He was there, then my second son came along. But by that time I'd been raped and beaten and I started doing drugs and drinking. Well not doing drugs, I was smoking mandrax in marijuana, that's the drugs I did.</p>	
Silencing of communication re trauma	<p>I couldn't talk. I couldn't cry. I had lost my speech, I couldn't talk. I just couldn't talk.</p> <p>I was not allowed to express my feelings. All my feelings had to be so that the other person is not in pain so that the other person is not going</p>	They were aware of everything, I hid nothing from them. I'm not sure if I should have, but I think because so much was hidden from me as a child I refused to let them be blinkered by anything, I pulled no wool over their eyes. They'd say what's that mommy, and I'd say now this is something, when you grow up you never want to do.

	<p>through humiliation.</p> <p>We were told we were too young to understand.</p> <p>But I always saw the blood. And when I started menstruating at 16 it really scared me. I thought oh my God. But then they explained “no that’s normal, it’s a woman thing” (used a fairly harsh tone here), and uhhh, nobody tells you anything when you’re a child in the 60s. then I left the convent and I had my first taste of alcohol, and then I had my first taste of violence and rape. Aarhhhh And then I realised that that was worse than what I’d seen as a 9 year old. You couldn’t speak to people about it. Especially if you had a bit of alcohol or something, or if you wore a mini-skirt; it was your own fault. There was never any like, this is you, you’re allowed to be you, you can feel and be who you are.</p>	<p>Cause you gonna see how bad it is for you. And I let the see a really bad side of drugs and booze and, it was cruel I suppose, but you know they don’t drink they don’t smoke. I think that they learnt that’s not what they want to do. That’s a horrible lesson. Can you imagine I was taught a lesson cause I watched my mother killed herself.</p> <p>Contrasting statement</p>
Splitting of from trauma	<p>I never lived in the past. I let it go. I would just let it go. I never looked back. I didn’t ever think of the death of my mother and the strange way I was brought up without a family. I did battle to learn how to live in small places.</p> <p>I never go back to places where I’ve been hurt.</p> <p>I feel oppressed. I feel I can’t stand up and say no. I feel, say I’m feeling a little down and I don’t want any contact on me, and it’s forced on me. I feel I’d rather go and be hugged at touched Sighs. I feel I put myself in those predicaments. No one did that to me. I did that to myself. I self destructed to hide away from, I don’t know, I just didn’t want to face what happened. And the reason why it happened. If I just stayed at home and didn’t go anywhere none of this would have happened. Maybe I should have become a nun....</p> <p>They didn’t know about the details of the abuse. The same with James, he knows hardly anything. Still now he</p>	

	doesn't. I don't go into detail with him, only because he closed that door with me a long time ago	
Repetition of sexual trauma	<p>Anyway um, I thought if I have a third child that it might bring something because I believe in that three persons in one god, and I thought if I could have another child then it would make things better; different. And I did. I had another son. I have another son, and I decided that this time he was going to be responsible for that little boy. But I, when he was four month my sister got married, and I went up there. And um, met some of their friends and, they seemed very nice, but they were big drinkers. You know, they drank a lot. Well my sister and her husband went home, and they were going to take me home, and I don't know what happened. Suddenly there was a fight, and this friend of theirs, he tried to first grab my baby from me, and passed the baby to his sister or someone. And he just dragged me into the bedroom and I started fighting him back. And he beat my up to a pulp, and then he raped me, and he tried to drink the milk out of my breasts. ... (tearful, anguished). And I just, I just called to the blessed mother to please come and help me. ... (taking deep breaths). And I opened my eyes, and there was a mirror, and I saw myself. And I saw this white light. It was framing around my head to my shoulders. And then his sister cam in and brought my baby to me, and I put him back on my breast. And I tried to lay a charge, um, but it was because it was someone we knew, I couldn't go through with it. I just withdrew ... from the charges. My husband wanted to divorce me, and he was saying "did he do it like this? Did he do it like this? Did he do it like this?" crying.</p>	
Behaviour linked with traumatised children	<p>So then in my 30s I had my third child, and that's when the trauma began, after I was raped and beaten and they tried to kill my little boy and I. anyway when I stopped breastfeeding my son I started doing drugs and alcohol a lot, marijuana and mandrax, LSD. This awful stuff. It was the strangest thing and it wasn't a place I wanted to be. At</p>	

	<p>first it wasn't nice to get sick, and the same with the drugs. But I persisted and eventually became a drug addict. My children were traumatised by it, cause my daughter was already going into her teenage years. I was about 34. right up to 47 I smoked mandrax, marijuana. I drank. Mandrax – it makes you salivate a lot, then your ears go strange then you vomit. Then you pass out. Part of my life was one big haze.</p> <p>It's very sad because I actually neglected my daughter between the age of 21 and 30.</p> <p>I would lie to my children, I would lie to my husband. I would steal money from the bank. Anything to get drugs or alcohol. I was self-destructing. I was doing that to myself. I was killing the real Fran. I was showing another kind of person. The real Fran is not a violent person. She doesn't swear and scream. She's not like that. She was never like that. And so I just started feeling well "she got away from doing and saying horrible things to me, I can do and say mean things too." I can be spiteful and mean if I want it was hard at first ... to be mean and spiteful because it wasn't in my nature. I was conditioned in a different way. But because I was lying and cheating and doing anything to get money.</p> <p>The reason I became a new mother was because James was smoking so much drugs during that time, and I didn't think our marriage was going to last, so I fell pregnant with my third child. To see if it would help. Which it did. Then he stopped smoking drugs and I turned to them big time. So my 30s is one big clouded memory of drugs, partying, never being at home, leaving my children with someone. I had a friend, she would look after them.</p> <p>Many times, when my husband went to</p>	
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	work and I would send the kids off to school and my friends would come over and we'd get all drugged up. Even in that state of mind they were never neglected, their food would be on the table. I would still read to them at night even though I was all drugged up. I would still read them stories and I would laugh at the stuff they didn't find funny and	
Parent-child role diffusion	<p>my youngest son, we were so close. He'd hold me and comfort me, he was so loving.</p> <p>Alright what I should have mentioned is, my children's friends became my friends. We were like really good friends. Her girlfriends you know. and we'd all like on a weekend have a couple of beers together and I'd have my little toke.</p>	
Disorganised thought		

Florence (M6) Themes

Theme	Mother (1 st generation)	AC (2 nd generation – did not participate)
<p>Rejection of child</p> <p>Embodied tension</p> <p>Irrepressible anger</p>	<p>I start getting worked up inside like I feel I want to vomit, I felt like shaking, and then I've noticed that I actually <i>I don't realise</i> but I start um, I'm like short-tempered with the kids, like maybe I'm like, what's the right word, like I'm short when I answer them or something like that. <i>I think I've actually pushed my children away</i>, because I've heard people say that people who get abused, they abuse. And maybe when my kids were small I was like very loving but I have pushed them away to a certain extent. (noted in relation to a history of feeling rejected, feeling put at a distance from her own mother, whom she describes as hard and strong)</p> <p>My first child it was quite difficult because I didn't bond with him immediately. I didn't breast feed because the sensation, I couldn't handle it. With both of my kids I didn't breast feed. It was like when I breast fed them I felt good, or nice. I don't know it felt too sexual for me. I felt very uncomfortable, I</p>	

	<p>couldn't actually breast feed. I just said to myself it feels too sexual for me.</p> <p>When they came back to me it was almost as if I didn't know how to parent them anymore. So it was very frustrating for me and I didn't maybe treat them the right way, because if I lost my cool I hit them. My son made me so angry that I actually kicked him. And I kicked him quite hard, I kicked him into the cupboard. And it made me feel very bad 'cause I saw my dad when we were small, I saw my dad kicking my brother and it made me hysterical and I swore to myself I'll never ever do that. I felt like I'd lost control.</p>	
Splitting off from traumatic experience	I forgot about it for many years, and then I suffered from anxiety and I didn't actually understand why I was suffering from anxiety. And what actually happened is I actually did something 20 years ago which, like I was like I've actually been ashamed of for a long time. I actually like sold myself, and then I realised why I was doing it and then I stopped doing it 'cause like I realised why I was doing it, and that made me stop.	
Difficulty accessing traumatic memory	<p>Researcher – What can you remember feeling or thinking after it happened?</p> <p>Florence – Um ... ja I've got difficulty in getting there.</p> <p>Researcher - It's difficult for you to go to that place and think of what it was like to be there?</p> <p>Florence – It just uh, I'm just trying to think now, 'cause my head's going in all directions. It's like there's too many places. I'm trying to think of which incident.</p>	
Intrusive recollections	hmjhmhm then suddenly like I'll have a flashback, and, though I've told my husband about that. And he knows, because I said to him like sometimes if he's like lying on top of me, if he's too heavy on top of me then I can't breathe, and it's horrible I mean when you're trying to have relations with your husband, and you suddenly get like a thought in your head or something.	
Disorganised thought	<p>P – Um ... ja I've got difficulty in getting there.</p> <p>B- - That feels important, that it's difficult for you to go to that place and think of what it was like to be there.</p> <p>P – Ja. It just uh, I'm just trying to think now, 'cause my head's going in all directions. Um. It's like there's too many places.</p> <p>I'm battling to put it into words now, to even think about it.</p> <p>I think of too many things at once. Hahaha. So I'm getting I'm getting confused now. I wanted to say something else. While I'm talking I'm thinking of something else</p>	

Appendix H

Invitation to participants



UNIVERSITY OF CAPE TOWN
IYUNIVESITHI YASEKAPA • UNIVERSITEIT VAN KAAPSTAD

Invitation to participants for Doctoral Research at the University of Cape Town

To whom it may concern

I am a trained clinical psychologist and would like to invite mothers who have survived childhood traumatic experiences, or have experienced their childhood as traumatic, to participate as volunteers in a doctoral study. Adult children of the volunteers are also invited. The research will involve a series of unstructured interviews, and seeks to understand how survivors of trauma cope with the memory of their past trauma, and how that memory may influence their relationships with their families.

Bruce Bradfield (MA. Clinical Psychology, Rhodes)
University of Cape Town Psychology Department

Contact details:
Mobile number: ETC
Email address: ETC

Appendix I
Participant Contract



UNIVERSITY OF CAPE TOWN
IYUNIVESITHI YASEKAPA • UNIVERSITEIT VAN KAAPSTAD

DEPARTMENT OF PSYCHOLOGY
AGREEMENT
BETWEEN STUDENT RESEARCHER AND
RESEARCH PARTICIPANT

I, (participant's name), agree to participate in the research project of Bruce Christopher Bradfield, exploring the transmission of trauma from one generation to the next.

I understand that:

1. The researcher is a student conducting research to fulfill the requirements of the degree of Doctor of Philosophy in Psychology at the University of Cape Town.
2. The researcher is interested in the ways in which traumatic histories are transmitted to the children of survivors through relationships between mothers and their children.
3. My participation in the research is voluntary and will involve a series of interviews of 50 to 90 minutes in length.
4. During the course of the data collection process I will be asked questions of a personal nature. To the extent that I find such questions invasive or personally distressing, I have the right to refrain from answering any questions that I wish not to answer.
5. I am invited to voice to the researcher any concerns which I may have about my participation in the study, and to have these addressed to my satisfaction. I am further invited to question the researcher regarding his intentions and motivations throughout the research process.

Further to this, I am assured of the researcher's commitment to answer to the best of his abilities any questions which I may have.

6. I am free to withdraw from the study at any time. Should I find the interview process personally distressing I am encouraged to share my distress with the researcher. Should I feel distressed by the interview process I am free to discontinue my participation at any point. In the event of the interview process becoming subjectively distressing, the researcher shall either a) engage with me in an effort to contain and minimise my distress, or b) shall refer me for a consultation with a supervising psychologist, whose assistance shall be free of charge, and who shall be identified and made known to me prior to the commencement of the research process.

7. The report on the research project may contain information about my personal experiences, attitudes and behaviours. However the report will be designed in such a way that I shall not be identifiable by the reader. All data collected will conceal my identity in service of securing my confidentiality throughout the research process.

8. Further to condition 7, I understand that information provided during the course of my participation is confidential.

9. I have the right to read the report before its submission for examination, and have the right to disqualify anything in the report which I feel does not adequately reflect my experience.

10. My participation in the study will be recorded with the use of audiotapes. These tapes, once transcribed, will be taped over, and will be destroyed on completion of the research process.

Signature of participant:

Date:

Signature of researcher:

Date:

Signature of witness:

Date:

Signature of witness:

Date: